

FILED APR 8 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8580

Registrar's No. 55

BIRTH NO. _____		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 2028		Registrar's No. 55			
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. LENGTH OF STAY (In this place) 1 day		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jasper					
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune-Brooks Hospital				d. STREET ADDRESS (If rural, give location) North 1st Street					
3. NAME OF DECEASED (Type or Print) a. (First) Emma b. (Middle) Barbara c. (Last) Rice			4. DATE OF DEATH (Month) (Day) (Year) March 20, 1955						
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 24, 1884		9. AGE (In years last birthday) 70	10. UNDER 1 YEAR Months	11. UNDER 100 Hrs. Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager		10b. KIND OF BUSINESS OR INDUSTRY Garage		11. BIRTHPLACE (City and State or Foreign Country) Rosamond, Illinois.		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Henry M. Graham		13b. MOTHER'S MAIDEN NAME Mary Wilson Ewing		14. NAME OF HUSBAND OR WIFE Eppa Rice					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Bernice Trimble, Carthage, Mo.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary occlusion  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary occlusion with myocardial infarction  DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 10 minutes  24 hours	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 3/19, 1955, to 3/20, 1955, that I last saw the deceased alive on 3/20, 1955, and that death occurred at 9:35 A.M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Charles H. Isbell, M. D.				23b. ADDRESS 201 W. Third Carthage, Missouri		23c. DATE SIGNED 3/25/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 23, 1955	24c. NAME OF CEMETERY OR CREMATORY Paradise Cemetery		24d. LOCATION (City, town, or county) (State) Jasper, County, Mo.				
DATE REC'D BY LOCAL REG. 3-26-55		REGISTRAR'S SIGNATURE W. H. Clinton		25. GENERAL PRACTICER'S SIGNATURE Sharp & Selvey		ADDRESS Jasper, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 18 1959

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Lawson L. Sharp

Licensed Embalmer No. 4922

P. O. Address Jasper, Mo.

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.