

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

87336

State File No.

FILED MAR 28 1955

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 494

1. PLACE OF DEATH
a. COUNTY hinn

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY hinn

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brookfield

c. CITY OR TOWN Brookfield

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION

f. STREET ADDRESS (If rural, give location) 712 HANSEN 0582 0

3. NAME OF DECEASED (Type or Print)
a. (First) DESSIE b. (Middle) M c. (Last) RICE

4. DATE OF DEATH (Month) (Day) (Year) 3 19-1955

5. SEX F

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH Sept 14 - 1893

9. AGE (In years last birthday) 61 6 5 IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Housework

11. BIRTHPLACE (City and State or Foreign Country) Rothville Mo

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Brecount

13b. MOTHER'S MAIDEN NAME Loana Shoemaker

14. NAME OF HUSBAND OR WIFE Ray Rice - Brookfield Mo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ray Rice Brookfield Mo 712 HANSEN

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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolus
ANTECEDENT CAUSES
DUE TO (b) Shock from acute coronary occlusion
DUE TO (c) Generalized arteriosclerosis
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Left hemiplegia due to C.V.A.

INTERVAL BETWEEN ONSET AND DEATH
3-4 days
10 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4201

20. AUTOPSY? YES NO

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)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/27, 1946, to 3/1955, 1955, that I last saw the deceased alive on 3/19/55, 1955, and that death occurred at 3 1/2 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. H. Shepard M.D.

23b. ADDRESS 2111 Bennington Road, Brookfield Mo

23c. DATE SIGNED 3/21/55

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 3/21/55

24c. NAME OF CEMETERY OR CREMATORY Rothville

24d. LOCATION (City, town, or county) (State) Rothville Mo

DATE REC'D BY LOCAL REG. 3-21-55

REGISTRAR'S SIGNATURE Madeline Stambach 167 Reg.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. H. Shepard Mendon Mo

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

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, ~~and~~....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
A. J. Leiper

Licensed Embalmer No. *397*

P. O. Address.....
Mendon

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above. *c.c. 17. 2*