

FILED NOV 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32537**

BIRTH NO. _____		REG. DIST. NO. 60		PRIMARY REG. DIST. NO. 5236		Registrar's No. 45		
1. PLACE OF DEATH a. COUNTY Cedar				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Cedar				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Benton		c. LENGTH OF STAY (in this place) 1 yr.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Benton				
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 2-7-1/2 W. Jervis Hwy.				
3. NAME OF DECEASED (Type or Print) a. (First) JASPER b. (Middle) LEE c. (Last) RICE			4. DATE OF DEATH (Month) (Day) (Year) 11-4-1955					
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 7-15-1905		
9. AGE (In years last birthday) 50		# UNDER 1 YEAR Days 2		# UNDER 1 MONTH Hours 15		# UNDER 1 WEEK Mins.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Jervis Hwy. Mo		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Chas Rice			13b. MOTHER'S MAIDEN NAME Rhoda Bryan		14. NAME OF HUSBAND OR WIFE Gladys 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. 524-07-4568		17. INFORMANT'S SIGNATURE OR NAME Ed Rice, Jervis Hwy. 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				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun shot in breast								
ANTECEDENT CAUSES				DUE TO (b) _____				
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) 976X				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		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.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:00 P.M. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) MD. Lewis Coronado				23b. ADDRESS Eldorado Springs, Mo		23c. DATE SIGNED 11-5-1955		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 11-9-1955		24c. NAME OF CEMETERY OR CREMATORY Brusher Elm		24d. LOCATION (City, town, or county) (State) 2-7-1/2 W. Jervis Hwy. Mo		
DATE REC'D BY LOCAL REG. 11-9-55		REGISTRAR'S SIGNATURE Norma Timmel		25. FUNERAL DIRECTOR'S SIGNATURE Wm. J. Timmel		ADDRESS Jervis Hwy. Mo		

(Licensed Embalmer's Statement on Reverse Side)

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, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

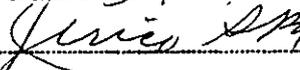
Signed _____



Licensed Embalmer No. _____

3714

P. O. Address _____



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

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