Health, & Welfare Public Service

S. 300 0
v. 1-56

securing the medical certification in the specific manner required by 193.140 MORS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED APR 4 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9005
STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 138

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Indep. Sanit.&Hosp — Length of stay in 1b 4 da.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City 22 1000 0 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 10502 E. 10th — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First GLENN Middle WESTLEY Last RICE
4. DATE OF DEATH Month Day Year Mar.30,1957
5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Apr.6,1903
9. AGE (In years last birthday) 53 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Haden Construction
11. BIRTHPLACE (City and state or country) Amoret, Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Charles Westley Rice
14. MOTHER'S MAIDEN NAME Clara Ann Mathews
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. 487-05-4045
17. INFORMANT Address Mrs. Glenna Sims, Kansas City, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sarylitic Ileus
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Mesenteric Vessels Thrombosed
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐ 1

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Two Car Collision
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year 3-25-57
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) STREET
20f. CITY, TOWN, OR LOCATION Independence 120 COUNTY Jackson STATE Mo

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 1:25 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hugh M. Owens Coroner 3
22b. ADDRESS 1034 Realty Bldg
22c. DATE SIGNED 3-30-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4/2/57
23c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cem.
23d. LOCATION (City, town, or county) (State) Kansas City Mo.
24. FUNERAL DIRECTOR ADDRESS Geo. C. Carson - Son's Indep. Mo.
25. DATE RECD. BY LOCAL REG. 3-31-57
26. REGISTRAR'S SIGNATURE James S. Davis

(Licensed Embalmer's Statement on Reverse Side)

354-0

APR 2 1957

APR 8 1957

VS FEB 15 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Tom D. Markland

Licensed Embalmer No. 459.

P. O. Address Indep. Y

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.