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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25083

STATE FILE NUMBER

FILED JUL 19 1957

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 144

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, give TOWNSHIP only) OR TOWN Carthage		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Carthage		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McCune-Brooks		Length of stay in lb 9 days	d. STREET ADDRESS 327 E. 3rd		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Ivan Jessie Warren Rich			4. DATE OF DEATH Month Day Year June 29 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 16, 1909		9. AGE (In years last birthday) 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and state or country) Pierce City, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA					
13. FATHER'S NAME Adam Rich			14. MOTHER'S MAIDEN NAME Ethel Roark		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 500-05-8692		17. INFORMANT Mrs Hazel Rich, Carthage, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Rheumatic Mitral Stenosis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>Renal failure</i> INTERVAL BETWEEN ONSET AND DEATH <i>unknown</i>					
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Carthage, Mo.	
21. I attended the deceased from 5-4-56 to 6-29-57 and last saw him alive on 6-29-57 Death occurred at 6:25 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Richard R. Cahle</i> (Degree or title) M.D.		22b. ADDRESS Carthage, Mo.		22c. DATE SIGNED 6/29/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		23b. DATE July 2, 1957		23c. NAME OF CEMETERY OR CREMATORY Park Cemetery	
23d. LOCATION (City, town, or county) Carthage, Mo.					
24. FUNERAL DIRECTOR Ulmer Funeral Home, Carthage, Mo.		25. DATE RECD. BY LOCAL REG. 7-1-57		26. REGISTRAR'S SIGNATURE <i>Edw. Chiles</i>	

(Licensed Embalmer's Statement on Reverse Side)

as per  
County File Number  
Date Filed  
JUL 17 1957  
57-7-602

### 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 .....  
Signature of Student Embalmer

Signed *Edwin C. Thomas* .....

Licensed Embalmer No. *7-1-1* .....

P. O. Address *Cartersville, Ga.* .....

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.