

Health,
Welfare
Public
Service

FILED MAR 3 - 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004385

STATE FILE NUMBER

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 19

300
-57

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Richland Twsp. <i>006A</i>
c. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital		Length of stay in lb 20 days	d. STREET ADDRESS (If outside, give location) Jasper R#3
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last CATHERINE RICE			4. DATE OF DEATH Month Day Year Feb 25 1958		
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5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept 27 1876	9. AGE (In years last birthday) 81	10. FUNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and state or country) Amulree, Ontario, Canada	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME John D. Becker	13b. MOTHER'S MAIDEN NAME Elizabeth	14. NAME OF HUSBAND OR WIFE Lawrence Rice
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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 Miss Luella C. Rice, Lockwood, Missouri	Address
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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>Terminal Pneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Congestive Heart Disease</i>		<i>10 days</i>
	DUE TO (c) <i>Arteriosclerotic Heart Disease</i>		<i>Years</i>
PART II - OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>and auricular fibrillation</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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.) <i>4200</i>
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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 COUNTY STATE
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21. I attended the deceased from <i>Sept 56</i> to <i>2-25-58</i> and last saw ^{her} _{him} live on <i>2-25-58</i> Death occurred at <i>8:40 pm</i> m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <i>Herbert M. Arnold M.D.</i>	22b. ADDRESS <i>Lamar, Missouri</i>	22c. DATE SIGNED <i>2-27-58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Feb 28 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Lake Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Lamar, Missouri</i>
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24. FUNERAL DIRECTOR <i>Konantz Funeral Home, Lamar, Missouri</i>	25. DATE RECD. BY LOCAL REG. <i>2-28-1958</i>	26. REGISTRAR'S SIGNATURE <i>Marie Konantz</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with 18 entered. All diseases in Part I must be causally related.

MAR 12 1958

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 *Carl F. Kanawitz*

Licensed Embalmer No. *2247*

P. O. Address... *Lamar, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.