

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028213
STATE FILE NUMBER

FILED SEP 2 1958 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 370

S. 300
1-57

1. PLACE OF DEATH a. COUNTY BOONE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BOONE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN COLUMBIA		c. CITY OR TOWN CENTRALIA ⁰¹²⁰	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION U. OF MISSOURI		d. STREET ADDRESS (If outside, give location) 109 N. ALLEN	
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM LEE RICE		4. DATE OF DEATH Month Day Year AUG 23 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9-28-50
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHILD		9b. KIND OF BUSINESS OR INDUSTRY -	9c. AGE (In years last birthday) 7 IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHILD		10b. KIND OF BUSINESS OR INDUSTRY -	10c. BIRTHPLACE (City and state or country) COLUMBIA, Mo.
11. BIRTHPLACE (City and state or country) COLUMBIA, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME WILLIAM RICE		13b. MOTHER'S MAIDEN NAME LORRAINE ASPAN	
14. NAME OF HUSBAND OR WIFE -		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 Address WILLIAM RICE, FATHER, CENTRALIA, 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) CIRRHOSIS Liver			INTERVAL BETWEEN ONSET AND DEATH 7 YEARS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			5810
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 <input checked="" type="checkbox"/> NO <input 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.) -	
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 -	
21. I attended the deceased from August 7 to Aug 23 and last saw him alive on Aug 23 1958 Death occurred at 10:40 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Clement E. Brodke M.D.		22b. ADDRESS Columbia U of Missouri Med Center,	
22c. DATE SIGNED 8/23/58		22d. STATE (State)	
23a. BURIAL, CREMATION, EMBALM (Specify) Burial		23b. DATE Aug. 26, '58	
23c. NAME OF CEMETERY OR CREMATORY Centralia		23d. LOCATION (City, town, or county) Centralia, Mo.	
24. FUNERAL DIRECTOR Bill G. Meador Centralia, Missouri		25. DATE RECD. BY LOCAL REG. Aug 25 1958	
26. REGISTRAR'S SIGNATURE Mrs R.E. Palmer		(Licensed Embalmer's Statement on Reverse Side)	

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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SEP 3 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 *Bill J. Meador*

Licensed Embalmer No. *4876*

P. O. Address *Centralia, Oregon*

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.