

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-032137  
STATE FILE NUMBER

FILED SEP 22 1958

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 280

S. 300  
1-57

|  |                                  |   |   |   |   |
|--|----------------------------------|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Cole</u>   |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u> |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Jefferson City</u>   |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <u>Jefferson City</u>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>  |                                  | Length of stay in 1b  | d. STREET ADDRESS (If outside, give location)<br><u>709 Locust St.</u>  |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><u>Mrs. Annie Agnes Rice</u>   |                                  |   | 4. DATE OF DEATH<br>Month Day Year<br><u>September 17, 1958</u>   |   |   |
| 5. SEX<br><u>Female</u>  | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>May 25, 1882</u>   |   | 9. AGE (In years last birthday)<br><u>76</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Own</u>   | 11. BIRTHPLACE (City and state or country)<br><u>Callaway Co., Mo.</u>  |   | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>  |
| 13a. FATHER'S NAME<br><u>Henry A. Rice</u>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>Annie Alice Rice</u>  |   | 14. NAME OF HUSBAND OR WIFE<br><u>Everett M. Rice</u>       |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |                                  | 16. SOCIAL SECURITY NO.<br><u>No</u>  | 17. INFORMANT Address<br><u>Mr. Everett Rice 709 Locust St. J.C., Mo.</u>   |   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Aspiration Pneumonia</u><br>DUE TO (b) <u>Intestinal obstruction</u><br>DUE TO (c) <u>Diverticulitis of sigmoid &amp; hemorrhage</u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Duodenal ulcer</u> |                                  |   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>Day</u><br><u>1 wk</u>                         |
| 20a. ACCIDENT SUICIDE HOMICIDE<br><input type="checkbox"/> <input type="checkbox"/> <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<br>Hour Month, Day, Year<br>a.m.<br>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 <u>Sept. 7, 1958</u> to <u>Sept. 17, 1958</u> and last saw her alive on <u>9/17/58</u><br>Death occurred at <u>1:00 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.   |                                  |   |   |   |   |
| 22a. SIGNATURE (Degree or title)<br><u>Francis W. Minner M.D.</u>  |                                  |   | 22b. ADDRESS<br><u>Jeff. City, Mo.</u>  |   | 22c. DATE SIGNED<br><u>9/18/58</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |                                  | 23b. DATE<br><u>Sept. 19, 1958</u>  | 23c. NAME OF CEMETERY OR CREMATOR<br><u>Riverview Cemetery</u>  |   | 23d. LOCATION (City, town, or county) (State)<br><u>Jefferson City, Mo.</u>           |
| 24. FUNERAL DIRECTOR<br><u>Victor Buesche Jr. Mo</u>   |                                  | 25. DATE RECD. BY LOCAL REG.<br><u>20 September 1958</u>  |   | 26. REGISTRAR'S SIGNATURE<br><u>P. P. Norris, M.D.-M.P.</u> |   |

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

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 *Victor Buescher* .....

Licensed Embalmer No. *3701* .....

P. O. Address *JC 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.