

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035651

STATE FILE NUMBER

LED OCT 17 1958

Registration District No. 43

Primary Registration District No. 4056

Registrar's No. 597

S. 300
v. 1-57

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

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BUTLER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FISK		c. CITY OR TOWN FISK	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION IN FISK		Length of stay in lb 10 YEARS	
STREET ADDRESS 0120 6		(If outside, give location) IN FISK	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last JOSEPH NEWMAN RICE			4. DATE OF DEATH Month Day Year 9 -6-58
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 3 -18 -1865
9. AGE (In years) at birthday 93		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER	11. BIRTHPLACE (City and state or country) INDIANA
12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME JOSEPH RICE		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE MYRTLE RICE			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT MYRTLE RICE		Address FISK, 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) Cardio Vasculas Renal			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			442X
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 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.)	
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		COUNTY STATE	
21. I attended the deceased from 9-1-58 to 9-6-58 and last saw ^{her} alive on 9-6-58 Death occurred at 4:20 P. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE A. B. Skillings		22b. ADDRESS Fisk, Mo	
22c. DATE SIGNED 9-9-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 9-8-58	
23c. NAME OF CEMETERY OR CREMATORY SHAIN MEMORIAL		23d. LOCATION (City, town, or county) (State) BUTLER COUNTY MO.	
24. FUNERAL DIRECTOR J. C. White		ADDRESS Fisk, Mo.	
25. DATE RECD. BY LOCAL REG. 10/11/58		26. REGISTRAR'S SIGNATURE R. M. Metree	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

OCT 21 1958

BUTLER CO. HEALTH CENTER

FILE No. _____

EAC

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 Raymond L. Duff

Licensed Embalmer No. 4798
P. O. Address Bernie, T

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.