Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-043401
STATE FILE NUMBER

FILED JAN 8 1959 Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 716

1. PLACE OF DEATH
a. COUNTY Butler
b. CITY OR TOWN Poplar Bluff — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Barnyard — Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Butler
c. CITY OR TOWN Poplar Bluff 0120 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R.F.D. #3 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Cleveland Middle: Odell Last: Brice

4. DATE OF DEATH Month Day Year: Dec. 16, 1958

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: July 27, 1887
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months 5 Days 9 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Cornith, Miss.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME: James Brice
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Mary Brice

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Mary Brice, Poplar Bluff, Mo. Address R.F.D. #3

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Minutes
Conditions, if any, which gave rise to above cause (a); stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — Years
DUE TO (c) 4200
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 ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 —, to —, and last saw her/him alive on —
Death occurred at 8:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Doctor or title) Edward W. Kline, M.D.
22b. ADDRESS Poplar Bluff, Mo
22c. DATE SIGNED 12/18/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12-18-58
23c. NAME OF CEMETERY OR CREMATORY: Oak Ridge
23d. LOCATION (City, town, or county) (State): Kennett, Missouri

24. FUNERAL DIRECTOR: Strickland-Rainey ADDRESS: Dexter, Mo.
25. DATE REC'D. BY LOCAL REG.: 12/22/58
26. REGISTRAR'S SIGNATURE: [illegible]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

FEB 2 1959

FILE NO.

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 Lucille Rainey

Licensed Embalmer No. 4983

P. O. Address Decatur, Miss.

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.