

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-012327

State File No. ....

FILED APR 23 1959

BIRTH NO. _____		REG. DIST. NO. <u>5117</u>		PRIMARY REG. DIST. NO. <u>34</u>		Registrar's No. ....	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Boone		b. CITY (If outside corporate limits, write RURAL and give town or township) Cedar Township		a. STATE Missouri		b. COUNTY Boone	
c. LENGTH OF STAY (In this place) 5 years		c. CITY OR TOWN Ashland #1		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Englewood Community				e. STREET ADDRESS (If rural, give location) 16 miles Southeast of Col.			
3. NAME OF DECEASED (Type or Print)		a. (First) Anna		b. (Middle) Elizabeth		c. (Last) Rice	
4. DATE OF DEATH		(Month) 4		(Day) 11		(Year) 59	
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept. 10, 1868	
9. AGE (In years last birthday) 90		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) State of Virginia		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME R. Robert Garrett		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE J. T. Rice Deceased			
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'S SIGNATURE OR NAME ADDRESS Robert M. Rice Columbia, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<u>Myocardial infarction</u>				<u>Sweden</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>Coronary arteriosclerosis</u>				<u>years</u>	
		DUE TO (c) <u>Hypertension</u>				<u>years</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  4261				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <u>Coroner's Case</u> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:20 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Vincent P. Perre, M.D.</u>				23b. ADDRESS <u>Univ. of Mo. Med Center</u>		23c. DATE SIGNED <u>12 Apr. 59</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/14/59</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Locust Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Midway, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Apr 12, 1959</u>		REGISTRAR'S SIGNATURE <u>Mrs Mildred Burnett</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lyman Sprinkle Columbia, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

---

---

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 *Lynna Spunkle*

Licensed Embalmer No. *401*

P. O. Address *Columbia*

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.