

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017001

STATE FILE NUMBER

FILED JUN 9 1959

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 199

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Gir.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		c. CITY OR TOWN Cape Girardeau	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Southeast Mo. Hosp.		d. STREET ADDRESS (If outside, give location) 14 S. Spanish	
3. NAME OF DECEASED (Type or print) First Orville Middle NONE Last Rice		4. DATE OF DEATH Month June Day 1 Year 1959	
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 May 9, 1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroads		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and state or country) Roscoe, Mo.
13a. FATHER'S NAME George P. Rice		13b. MOTHER'S MAIDEN NAME Martha Matthew	14. NAME OF HUSBAND OR WIFE NONE
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. 702-03-8168	17. INFORMANT Hattie Moore Address Cape Girardeau, 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) Cerebral Thrombosis with right hemiplegia. DUE TO (b) Arteriosclerosis, generalized. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH 12 hours. 5 years.
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 WORK <input type="checkbox"/> 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 May 31, 1959 to June 1, 1959 and last saw her/him alive on June 1, 1959 Death occurred at 1:50 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Edward D. Campbell (Degree or title) H.D.		22b. ADDRESS Capt Inglewood	
22c. DATE SIGNED 6-2-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-3-1959	
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or County) (State) Cape Girardeau, Mo.	
24. FUNERAL DIRECTOR Ford & Sons ADDRESS Cape Girardeau, Mo.		25. DATE RECD. BY LOCAL REG. 6-3-1959	
26. REGISTRAR'S SIGNATURE Inene Kasten			

JUN 10 1959

VS AUG 22 1960

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 *W. D. Ford*

Licensed Embalmer No. 5057.....

P. O. Address Cape Girardeau, 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.