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THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

59-021832
STATE FILE NUMBER

FILED JUL 7 1959 Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 300

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Independence — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Independence Hosp. — Length of stay in Hospital: 1 day

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Clay
c. CITY OR TOWN: Liberty — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 30 S. Jewell — Reside on Farm: Yes [ ] No [X]

**3. NAME OF DECEASED** (Type or print): First: Mary Middle: E. Last: Rice

**4. DATE OF DEATH** Month Day Year: June 25, 1959

**5. SEX:** female

**6. COLOR OR RACE:** white

**7. MARRIED** [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] **DIVORCED** [ ]

**8. DATE OF BIRTH:** May 5, 1868

**9. AGE** (In years last birthday): 91 — 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 country): Clay Co. Mo.

**12. CITIZEN OF WHAT COUNTRY?** USA

**13a. FATHER'S NAME:** John W. Davenport

**13b. MOTHER'S MAIDEN NAME:** Susan Newby

**14. NAME OF HUSBAND OR WIFE:** Charles W. Rice

**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.:** None

**17. INFORMANT** Address: Virgiana Rice Liberty, Missouri

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) Rt. femoral artery thrombosis followed by profound irreversible shock — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chronic myocardial insufficiency and generalized arterio-sclerosis — 1 yr.
DUE TO (c) 4221 — more than 10 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Generalized osteo-porosis and osteo-arthritis

**19. WAS AUTOPSY PERFORMED?** YES [ ] NO [X]

**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 1949, to June 25, 1959 and last saw her alive on June 25, 1959
Death occurred at 2:20 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): S. O. Schroeder, M.D.

**22b. ADDRESS:** Liberty, Mo.

**22c. DATE SIGNED:** 6/26/59

**23a. BURIAL, CREMATION, REMOVAL** (Specify): burial

**23b. DATE:** June 27, 1959

**23c. NAME OF CEMETERY OR CREMATORY:** Fairview Cemetery

**23d. LOCATION** (City, town, or county) (State): Liberty, Missouri

**24. FUNERAL DIRECTOR** ADDRESS: Tyler-Pasley Liberty, Missouri

**25. DATE RECD. BY LOCAL REG.:** 6-27-59

**26. REGISTRAR'S SIGNATURE:** [signature]

(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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by me, or by ....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 4534

P. O. Address .....

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.