

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032801

FILED VS SEP 24 1959 157

3028

175

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No.

IDED

1. PLACE OF DEATH a. COUNTY Jasper b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Carthage c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1826 S. Garrison				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Dallas c. CITY OR TOWN Louisburg d. STREET ADDRESS (If outside, give location) 66			
3. NAME OF DECEASED (Type or print) First MINNIE Middle JOSEPHINE Last RICE				4. DATE OF DEATH Month Sept Day 14 Year 1959			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-6-75	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY 66		11. BIRTHPLACE (City and state or country) Louisburg, Mo.		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME Knox Peyton		13b. MOTHER'S MAIDEN NAME Victoria Marsh		14. NAME OF HUSBAND OR WIFE R.B. Rice			
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. None		17. INFORMANT 1826 Garrison Address Mrs. John Tinsley Carthage, 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) Chronic myocarditis DUE TO (b) DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH 6 mo.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Rheumatoid arthritis				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
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 a.m. p.m. Month, Day, Year		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 8-27-59 to 9-14-59 and last saw her alive on 9-9-59 Death occurred at 8 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) M. Foster Walter M.D.				22b. ADDRESS Carthage, Mo.		22c. DATE SIGNED 9-14-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-15-59	23c. NAME OF CEMETERY OR CREMATORY Louisburg Cemetery		23d. LOCATION (City, town, or county) (State) Louisburg, Mo.		
24. FUNERAL DIRECTOR ADDRESS Clyde Montgomery Buffalo, Mo.			25. DATE RECD. BY LOCAL REG. 9-14-59		26. REGISTRAR'S SIGNATURE Ely Clifton		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert H Kneel

Licensed Embalmer No. 4459

P. O. Address Carthage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do
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.