

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-036492

FILED VS. SEP 28 1980
 Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9268

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Length of stay in 1b 16 DAYS		c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, 915 NO. GRAND AVE.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5972 THEODOSIA AVE.			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last LELAND J. RICE				4. DATE OF DEATH Month Day Year 9/19/60			
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 12/1/93	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED BARBER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) DARK COUNTY, OHIO		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME HIREM RICE			13b. MOTHER'S MAIDEN NAME RACHEL PHOEBE			14. NAME OF HUSBAND OR WIFE - - - - -	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-II		16. SOCIAL SECURITY NO. 525-22-9274		17. INFORMANT Address 679 LORINA SAMUEL R. RICE, BROTHER WOOD RIVER, ILL.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LEFT RENAL CARCINOMA WITH CEREBRAL AND OTHER METASTASES. DUE TO (b) _____ DUE TO (c) 180x Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH 1 YEAR	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 9/3/60 to 9/19/60 and last saw him alive on 9/19/60 Death occurred at 12:00 NOON on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) George H. Zografakis M.D.				22b. ADDRESS VAH, ST. LOUIS, MO.		22c. DATE SIGNED 9/19/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9-22-60	23c. NAME OF CEMETERY OR CREMATORY Woodlawn Hill Cemetery		23d. LOCATION (City, town, or county) Wood River, Ill.		(State)	
24. FUNERAL DIRECTOR Marks Funeral Home, Wood River, Ill.			25. DATE RECD. BY LOCAL REG. SEP 20 1960		26. REGISTRAR'S SIGNATURE Loan Smith, M.D.		

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 Harry E. Moore

Licensed Embalmer No. 4495

P. O. Address St. Louis

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.