

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-024983

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 179 Primary Registration District No. 5672 Registrar's No. 90
FILED JUN 19 1963

VS 300 Rev. 4/59
 1 0570
 2 2069
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 4 3
 5 0
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 7 0
 8 0
 9 850X
 10 42
 11 057
 12 91-3
 13 1-0
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 ITEM NO. SHOULD READ
 BY AFFIDAVIT OF
 MEDICAL CERTIFICATION
 DOCUMENT
 INSTEAD OF

1. PLACE OF DEATH a. COUNTY <u>Foley Lincoln Missouri</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>ST. LOUIS</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Foley</u> Length of stay in 1b				c. CITY OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>East of Foley</u>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1340 Euclid Ave</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>LINDA DINESE RICE</u>				4. DATE OF DEATH Month Day Year <u>June 9 1963</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Col</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>1-11-1950</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nil</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (last birthday) <u>13</u>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. <u>4 28</u>	
11. BIRTHPLACE (City and state or country) <u>St. Louis Mo</u>				12. CITIZEN OF WHAT COUNTRY <u>USA</u>			
13a. FATHER'S NAME <u>Joe Oliver Rice</u>				13b. MOTHER'S MAIDEN NAME <u>Onnie Mae Houston</u>		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 serv) <u>No</u>				16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Isabelle T. Weaver 1340 Euclid Ave</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Accidental drowning, Motor boat Capcized in Mississippi river.</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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 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 _____ s.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 _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Irl Elliott, Sheriff Acting Coroner</u> (Degree or title)				22b. ADDRESS <u>Troy Lincoln County Missouri</u>		22c. DATE SIGNED <u>6-12-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>6-14-1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis Co MO</u>	
24. FUNERAL DIRECTOR ADDRESS <u>JAS H. RANDLE & SON 3133 Bell Ave</u>				25. DATE RECD. BY LOCAL REG. <u>6-12-1963</u>		26. REGISTRAR'S SIGNATURE <u>Charlotte Leek</u>	

JUN 21 1963

JUN 28 1963

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STATEMENT BY LICENSED EMBALMER

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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 Eather N. Harris

Licensed Embalmer No. 4458

P. O. Address 4181 Washington

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.