

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41743

BIRTH NO. _____		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 3043		Registrar's No. 437	
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u>			
b. CITY OR TOWN <u>Hannibal</u>		c. LENGTH OF STAY (In this place) <u>19 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural New London, Spencer Twp.</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth Hosp.</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Olive</u>		b. (Middle) <u>NELSON</u>		c. (Last) <u>RICE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 13 1949</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>April 4-1867</u>	
9. AGE (In years last birthday) <u>82</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>James A. Elsea</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Elsea</u>		14. NAME OF HUSBAND OR WIFE <u>Ned Rice</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Edna Rice</u>		ADDRESS <u>New London Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General Carcinomatosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cancer of Uterus</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> <u>174X</u>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT ☐ WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>No 21</u> , 19 <u>49</u> , to <u>Dec 13</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Dec. 13</u> , 1949, and that death occurred at <u>3:38</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>H. B. Norton M.D.</u> (Degree or title)				23b. ADDRESS <u>Hannibal Mo.</u>		23c. DATE SIGNED <u>12-19-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>Dec. 15, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Salem</u>		24d. LOCATION (City, town, or county) (State) <u>Salem, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12-14-49</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Bywe Fields</u>		ADDRESS <u>Deputy Fields and Son Frankford Mo.</u>	

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DEC 22 1949
MARION CO. HEALTH DEPT.
DATE FILED DEC 24 1949

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.

Signed Don Fields Meguer

Signed _____
Student Embalmer

Licensed Embalmer No. 4093

P. O. Address Frankford, 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 this body is not embalmed, fact should be so stated above.