

S. No. 300
v. 10.48

FILED JUN 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17316

State File No.

551
50

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY LAWRENCE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LAWRENCE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN AURORA	c. LENGTH OF STAY (In this place) 25 yr.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN AURORA <u>0551</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION AURORA HOSPITAL		d. STREET ADDRESS (If rural, give location) 834 OAK ST. <u>0</u>	
3. NAME OF DECEASED (Type or Print) IMOGENE RICE a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) MAY 26 1950
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH SEPT. 25, 1869
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of lifetime, if given ill or retired) HOUSEWIFE	11. BIRTHPLACE (State or foreign country) NEW YORK
10b. KIND OF BUSINESS OR INDUSTRY HOME		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JAMES STEVENSON		13b. MOTHER'S MAIDEN NAME OLIVIA MC CLAIN	14. NAME OF HUSBAND OR WIFE CHARLES C. 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. NO	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. HARRY LLOYD AURORA, MO.
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary sclerosis</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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>1947</u> to <u>May 26, 1950</u> , that I last saw the deceased alive on <u>May 25, 1950</u> , and that death occurred at <u>2:00</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>A. P. Caprio</u>		23b. ADDRESS <u>M.O. Aurora, Mo.</u>	23c. DATE SIGNED <u>5-27-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE BURIAL <u>MAY 28, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F.	24d. LOCATION (City, town, or county) (State) MONETT MISSOURI
DATE REC'D BY LOCAL REG. <u>May 27-50</u>	REGISTRAR'S SIGNATURE <u>Ora Mc Nott</u> <u>157</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WILLIAM WOOD AURORA, MO.	

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

RECEIVED MAY 31 1950
District Health Office No. 6,
District File Number 650-633
Date Filed 6-3-50

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.

Student _____

Student Embalmer

Signed _____

James D. Crafton

Licensed Embalmer No. 4668

P. O. Address AURORA, 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.