S. No. 300
v. 10-48

FILED JUL 31 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22644

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 500 Registrar's No. 187

0010

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

1. PLACE OF DEATH
a. COUNTY: ADAIR
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL CLAY TWP
c. LENGTH OF STAY (in this place): 87 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kirksville Mo
b. COUNTY: Adair R.F.D
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 0 C 10
d. STREET ADDRESS (If rural, give location): RURAL 0

3. NAME OF DECEASED (Type or Print): a. (First) CORA b. (Middle) WADDILL c. (Last) RICE

4. DATE OF DEATH (Month) (Day) (Year): 7-7-1950

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: 9-19-1867
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: 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: ✓
11. BIRTHPLACE (State or foreign country): ADAIR Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: JOSEPH MUSSON
13b. MOTHER'S MAIDEN NAME: MARGERT PARKER
14. NAME OF HUSBAND OR WIFE: W.L. RICE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME: W.L. RICE, KIRSVILLE, Mo. ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Mellitus — INTERVAL BETWEEN ONSET AND DEATH: Yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Died in a Coma — 2 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — 260X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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* May 15, 1950, *to* 7 July, 1950, *that I last saw the deceased alive on* July 5, 1950, *and that death occurred at* 8 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. M. Humphrey M.D.
23b. ADDRESS: Brashear Mo
23c. DATE SIGNED: 7-12-50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 7-9-50
24c. NAME OF CEMETERY OR CREMATORY: BETHEL CEM.
24d. LOCATION (City, town, or county) (State): KIRKSVILLE, RURAL

DATE REC'D BY LOCAL REG.: 7-14-50
REGISTRAR'S SIGNATURE: Kate Lambert
25. FUNERAL DIRECTOR'S SIGNATURE: Foster R. Easley ADDRESS: Brashear, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUL 18 1950
District Health Officer No. 10
District File Number 7-50-1167
Date Filed JUL 27 1950
JUL 27 1950

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 Geo B Easley Jr

Licensed Embalmer No. 3755

P. O. Address Cardland 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.