

**STANDARD CERTIFICATE OF DEATH**

**32679**

State File No. ....

**FILED OCT 22 1951**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1061

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b> <span style="float: right;">0117</span>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>2918 Penn Street</b> <span style="float: right;">0</span>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>John Allen R</b> b. (Middle) <b>Allen</b> c. (Last) <b>Rice</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>October 11, 1951.</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>November 1, 1877</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Conductor</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>C.B. &amp; Q. Railroad</b>	11. BIRTHPLACE (State or foreign country) <b>Troy, Kansas.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Joseph M. Rice</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah McAdams</b>	14. NAME OF HUSBAND OR WIFE <b>Mary Rice</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service) *****	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Mary Rice</b>	ADDRESS <b>St. Joseph, Missouri.</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	<p align="center"><b>MEDICAL CERTIFICATION</b></p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <b>7/51</b>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Edema general</b>		<b>410X</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4-2-4</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) (Min.)	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 7:19, 1951, to 10:11, 1951, that I last saw the deceased alive on 10/11, 1951, and that death occurred at 11:05P m., from the causes and on the date stated above.

23a. SIGNATURE <b>Frank W. Madigan</b>	(Degree or title) <b>MA</b>	23b. ADDRESS <b>670 Francis St</b>	23c. DATE SIGNED <b>10/12/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Oct. 13, 1951.</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri.</b>
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DATE REC'D BY LOCAL REG. <b>OCT. 18, 1951</b>	REGISTRAR'S SIGNATURE <b>Carl C. Carter</b>	446	25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter H. Hupp</b>	ADDRESS <b>St. Joseph, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

No. 300  
10.48  
17  
0  
WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>Not</sup> embalmed by me, or by\*\*\*\*\*

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Student Embalmer No. \*\*\*\*\*

working under my personal supervision.

Signed

*Raymond D. Archer*

Licensed Embalmer No. 4413 Missouri.

P. O. Address. St. Joseph, Missouri.

Signed.....  
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Student Embalmer

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.