

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7143**

FILED FEB 18 1952

BIRTH NO. _____		REG. DIST. NO. 378		PRIMARY REG. DIST. NO. 4552		Registrar's No. 9	
1. PLACE OF DEATH a. COUNTY Wright				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Wright			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mtn. Home, Mo.		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mtn. Home, Mo. #14		d. STREET ADDRESS (If rural, give location) West north St. 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. FULL NAME OF HOSPITAL OR INSTITUTION		d. FULL NAME OF HOSPITAL OR INSTITUTION		d. FULL NAME OF HOSPITAL OR INSTITUTION	
3. NAME OF DECEASED (Type or Print) MARVIN			a. (First)	b. (Middle) L.	c. (Last) RICE	4. DATE OF DEATH: (Month) (Day) (Year) Feb 3, 1952	
5. SEX Male	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 16, 1902		9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months 25 Days 16	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY NAVY		11. BIRTHPLACE (State or foreign country) Manassas, Va. 1		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Wesley Rice			13b. MOTHER'S MAIDEN NAME Rose Baltimore		14. NAME OF HUSBAND OR WIFE Annie Rice		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes NAVY		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Annie Rice Mtn Home, 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.		1. DISEASE OR INJURY DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis				INTERVAL BETWEEN ONSET AND DEATH 2, 3-1952	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (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 2-3 , 19 52 , to 2-3- , 19 52 , that I last saw the deceased alive on 2-3- , 19 52 , and that death occurred at 6:30 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) M.D.				23b. ADDRESS Mountain View Mo		23c. DATE SIGNED 2-4-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-7-52	24c. NAME OF CEMETERY OR CREMATORY Manassas		24d. LOCATION (City, town, or county) (State) Manassas Va.		
DATE REC'D BY LOCAL REG. 2-6-52		REGISTRAR'S SIGNATURE A.B. Ames		3480		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Grable, Willb Mtn Home, Mo	

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

WRIGHT CO. HEALTH DEPT.
County File Number 252-18
Date Filed Feb. 16, 1952

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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 *Frank Grable*

Licensed Embalmer No. *4140*

P. O. Address *Wata House, 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.