S. No. 300
v. 10.48

FILED AUG 4 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24275

BIRTH NO. 41805 REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 13

0422

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Henry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clinton 0422
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print) a. (First) Janice b. (Middle) Elaine c. (Last) Rice

4. DATE OF DEATH (Month) (Day) (Year) July 22, 1952

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH July 21, 1952

9. AGE (In years last birthday) If under 1 year: Months / Days; If under 24 hrs.: Hours / Min. 8

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Clinton Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Merald Rice

13b. MOTHER'S MAIDEN NAME Edna Irene Jones

14. NAME OF HUSBAND OR WIFE

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. None

17. INFORMANT'S SIGNATURE OR NAME Merald Rice, Lowry City Missouri 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) Cranial Injury at birth

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Difficult Labor

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4600

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* 9:10 pm 7-21, 1952, *to* ——, 19—, *that I last saw the deceased alive on* 7-21, 1952, *and that death occurred at* 5 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Gus S Wetzel (Degree or title)

23b. ADDRESS 105 E. Ohio Clinton Mo.

23c. DATE SIGNED 7/22/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 7/23/52

24c. NAME OF CEMETERY OR CREMATORY Lowry City

24d. LOCATION (City, town, or county) (State) Lowry City Missouri

DATE REC'D BY LOCAL REG. Aug 2-52

REGISTRAR'S SIGNATURE Floren A Adair

25. FUNERAL DIRECTOR'S SIGNATURE F B Sandrick ADDRESS Osceola Mo

4220

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 embalmed by me, or by _____

_____ Student Embalmer No. _____

working under my personal supervision.

_____
Student Embalmer

Signed F. B. Goodrich

Licensed Embalmer No. 3038

P. O. Address Osceola 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.