

STANDARD CERTIFICATE OF DEATH

State File No. 25022

FILED AUG 11 1952

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 197

1. PLACE OF DEATH a. COUNTY Linn 0582		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Linn 0582	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brookfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brookfield 0	
c. LENGTH OF STAY (in this place) 60 yrs		d. STREET ADDRESS (If rural, give location) 211 East Canal Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION McLarney Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) ELIZABETH c. (Last) RICE			4. DATE OF DEATH (Month) (Day) (Year) August 3, 1952
5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH July 9, 1889
9. AGE (In years less birthday) 63	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dressmaker		10b. KIND OF BUSINESS OR INDUSTRY Retail store	11. BIRTHPLACE (State or foreign country) Brookfield, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U. S.			
13a. FATHER'S NAME James Logue		13b. MOTHER'S MAIDEN NAME Alice Bertie Cody	14. NAME OF HUSBAND OR WIFE Glenn M. 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. 154X	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Harold Roe, Brookfield, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Rectosigmoid colon with metastases to lymph nodes & liver INTERVAL BETWEEN ONSET AND DEATH 18 mos. ? 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 5-20-52	19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma Rectosigmoid junction		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)	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 May 9, 1952 to Aug 3, 1952 , that I last saw the deceased alive on Aug 3, 1952 , and that death occurred at 5:15p m. , from the causes and on the date stated above.			
23a. SIGNATURE John R. Duff (Degree or title)		23b. ADDRESS Brookfield Mo.	23c. DATE SIGNED 8-5-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 5, 1952	24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	24d. LOCATION (City, town, or county) (State) Brookfield, Mo.
DATE REC'D BY LOCAL REG. 8-6-52	REGISTRAR'S SIGNATURE Nadine Stambaugh	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wright Funeral Home, Brookfield, Mo.	

(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
Student Embalmer

Signed.....

Harold B. Wright

Licensed Embalmer No.

3718

P. O. Address.....

Brookfield, 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.