

FILED SEP 5 - 1952

STANDARD CERTIFICATE OF DEATH

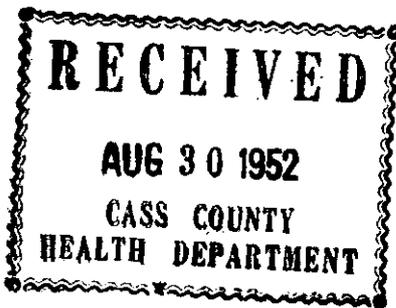
State File No. 27452

190
4

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

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5227 Registrar's No. 128

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Peculiar Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Harrisonville</u>	
c. LENGTH OF STAY (In this place) <u>7</u> weeks		d. STREET ADDRESS (If rural, give location) <u>R2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pleasant View Rest Home</u>			
3. NAME OF DECEASED a. (First) <u>PARRIES</u> b. (Middle) _____ c. (Last) <u>RICE</u>		4. DATE OF DEATH (Month) <u>8</u> (Day) <u>25</u> (Year) <u>1952</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>10-13-1862</u>
9. AGE (In years last birthday) <u>90</u>		10. AGE (If under 1 year) Months _____ Days _____ (If under 1 min.) Hour _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Manardsville, Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Rice</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Bucher</u>	
14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Fielding Henley</u>		ADDRESS <u>Pleasant Hill</u>	
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) <u>Cardiac Hypertrophy</u> INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac asthma</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Sonibility</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4342</u>	
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 <u>July 29, 1952</u> , to <u>Aug 25, 1952</u> , that I last saw the deceased alive on <u>July 29, 1952</u> and that death occurred at <u>6:30 P. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Paul H. Green D.O.</u>		23b. ADDRESS <u>Harrisonville, Mo</u>	
23c. DATE SIGNED <u>8-26-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8--28-1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Pleasant Hill MO.</u>	
DATE REC'D BY LOCAL REG <u>Aug 28, 1952</u>		REGISTRAR'S SIGNATURE <u>Dora Barward</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen Shumford</u>		ADDRESS <u>Pleasant Hill</u>	



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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed

Allen Brown

Signed.....
Student Embalmer

Licensed Embalmer No. *3785*

P. O. Address *Plumant Hill*

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.