

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11135**

FILED APR 8 1953

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 125

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Randolph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bonne Terre</u>	
c. LENGTH OF STAY (in this place) <u>4 months</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 1 Elvins</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida</u> b. (Middle) <u>Florence</u> c. (Last) <u>Rice</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 23, 1953</u>		
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>July 19, 1878</u>		9. AGE (In years last birthday) <u>74</u>		10. IF UNDER 1 YEAR: Months <u>8</u> Days <u>4</u> Hours <u></u> Mins. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Washington Co., Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>John Mackey</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Douglas</u>		14. NAME OF HUSBAND OR WIFE <u>James Rice</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 ADDRESS <u>James Rice RFD, 1 Elvins, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumogenic Carcinoma</u> 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 <u>Metastasis chills, jaundice</u>			INTERVAL BETWEEN ONSET AND DEATH <u>unk</u>
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) <u>162X</u>	
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 Nov, 1952 to 3-23, 1953, that I last saw the deceased alive on 3-23, 1953, and that death occurred at 9:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>N.C. Sachse M.D.</u> (Degree or title)		23b. ADDRESS <u>Desloge Mo</u>		23c. DATE SIGNED <u>3-30-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/25/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bonne Terre Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Francois Co., Mo.</u>					

DATE REC'D BY LOCAL REG. <u>Mar. 30, 1953</u>		REGISTRAR'S SIGNATURE <u>Ethel Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. Z. Boyer & Son Desloge, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

940
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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 C. Z. Boyer

Licensed Embalmer No. 1671

P. O. Address Des Moines, Ia.

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.