

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14967

State File No. \_\_\_\_\_

FILED MAY 6 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5723 Registrar's No. 42

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

1. PLACE OF DEATH a. COUNTY <u>Macon</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Chariton</u>		c. LENGTH OF STAY (In this place) <u>3 Mon.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Chariton 0610</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. Excello 8</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D. Excello.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary Ann</u> b. (Middle) <u>Rice</u> c. (Last) <u>Rice</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 23 1953</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 23, 1871</u>		9. AGE (In years last birthday) <u>81</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>College Mound Mo. O</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>W.R. Green</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Kitchen</u>		14. NAME OF HUSBAND OR WIFE <u>Dec.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>No.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>C. C. Rice</u>		ADDRESS <u>Excello Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <u>Cerebral Vascular Accident</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: <u>Senile Dementia</u>		
			INTERVAL BETWEEN ONSET AND DEATH <u>Several years</u>  <u>Several mos.</u>		
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>331X</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>April 1, 1953</u> , to <u>April 23, 1953</u> that I last saw the deceased alive on <u>21</u> , 1953, and that death occurred at <u>2:45 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Chas. L. Durdent</u> (Degree of title) _____			23b. ADDRESS <u>Macon</u>		23c. DATE SIGNED <u>4/27/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 26, '53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>College Mound</u>	24d. LOCATION (City, town, or county) (State) <u>R.F.D. Excello Mo.</u>		
DATE REC'D BY LOCAL REG. <u>4/29/53</u>	REGISTRAR'S SIGNATURE <u>Futh Maceley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Dexter L. Hatten</u>		ADDRESS <u>Macon, Mo.</u>

(Licensed Embalmers' Statement on Reverse Side)

5.4.53  
RECEIVED  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 50289  
Date Filed 5.5.53

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 Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address Macon, 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.