No. 300
10.48

FILED SEP 28 1953

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31471

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4199 Registrar's No. 110

380
1

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

1. PLACE OF DEATH
a. COUNTY: Gentry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McFall, Mo.
c. LENGTH OF STAY (in this place): 78 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Daviess
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McFall, Mo. 0 380
d. STREET ADDRESS (If rural, give location): _____ 0

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

4. DATE OF DEATH (Month) (Day) (Year): 9/21/53

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 10/6/1874
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housekeeper
11. BIRTHPLACE (City and State or Foreign Country): McFall, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James R. Rice
13b. MOTHER'S MAIDEN NAME: Penelopy Queroy
14. NAME OF HUSBAND OR WIFE: Dennis 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.: 493-14-6898
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Albert Bylance, Coffey, Mo.
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) Cancer of Liver — INTERVAL BETWEEN ONSET AND DEATH: 2 years

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
19b. MAJOR FINDINGS OF OPERATION
1561
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* July, 1953, *to* Sept 22, 1953, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 6:45 A.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): B. Graham MD
23b. ADDRESS: Jameson Mo
23c. DATE SIGNED: 9/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/23/53
24c. NAME OF CEMETERY OR CREMATORY: Oak Ridge Cem
24d. LOCATION (City, town, or county) (State): Pattonsburg, Mo.

DATE REC'D BY LOCAL REG.: 9-24-53
REGISTRAR'S SIGNATURE: Lena Fore Deputy
25. FUNERAL DIRECTOR'S SIGNATURE: Louis Quest
ADDRESS: Pattonsburg, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 [illegible]

Licensed Embalmer No. 4096

P. O. Address Pittsburg, Pa.

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.