

FILED JAN 18 1955 STANDARD CERTIFICATE OF DEATH

State File No. 1831

BIRTH NO. _____ REG. DIST. NO. 4348 PRIMARY REG. DIST. NO. 233 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellsville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural - Cuivre</u> <u>0040</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>8 mile N. E. Wellsville</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>-</u> c. (Last) <u>RICE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 9 1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 27 1875</u>
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 <u>Farming</u>	9. AGE (In years last birthday) <u>79</u> <u>12</u> <u>12</u> <u>12</u> IF UNDER 1 YEAR Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Colorado, Idaho Springs</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Jacob Rice</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Ellis</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Alice Rice</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mary Stone Wellsville 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* (a) <u>Coronary thrombosis</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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</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>Jan 7</u> , 1955, to <u>Jan 9 1955</u> , that I last saw the deceased alive on <u>Jan 10</u> , 1955, and that death occurred at <u>1 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Willis H. Wells MD</u>		23b. ADDRESS <u>Wellsville</u>	23c. DATE SIGNED <u>1/11/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/11/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Middletown Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Middletown, Montg, Mo.</u>
DATE REC'D BY LOCAL REG. <u>1-11-55</u>	REGISTRAR'S SIGNATURE <u>W.S. Romano Jr.</u> <u>425</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.S. Romano Jr. Wellsville</u>	

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

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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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed AB Hellos

Licensed Embalmer No. 1588

P. O. Address Wallerette W

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.