

FILED DEC 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40307

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>HENRY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLINTON</u>		c. CITY OR TOWN <u>CLINTON</u>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CLINTON FRANKLIN ST NURSING HOME</u>		e. STREET ADDRESS (If rural, give location) <u>306 EAST FRANKLIN STREET</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>DEC 13 1955</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>SEPT. 18, 1867</u>		9. AGE (In years last birthday) <u>88</u>		10. MONTHS <u>2</u> HOURS <u>23</u> MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOMEMAKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>BLAIRSTOWN MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>DAVID PHIPPS</u>		13b. MOTHER'S MAIDEN NAME <u>CORNELIA WALL</u>		14. NAME OF HUSBAND OR WIFE <u>ALONZO RICE (DECEASED)</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>MRS PAUL PHIPPS HOLDEN 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Conjunctive heart failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocardial Degeneration</u>		Interval <u>one year</u>	
		DUE TO (c) <u>None</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>		<u>4222</u>	

19a. DATE OF OPERATION <u>no</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		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) <u>no</u>		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 Dec 2, 1955, to Dec 13, 1955, that I last saw the deceased alive on Dec 11, 1955, and that death occurred at 3:50 A. M., from the causes and on the date stated above.

23a. SIGNATURE <u>S. B. Hughes M.D.</u>		23b. ADDRESS <u>Clinton MO</u>		23c. DATE SIGNED <u>12/14/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-15-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WALL CEMETERY</u>	
		24d. LOCATION (City, town, or county) (State) <u>BLAIRSTOWN MO</u>			

DATE REC'D BY LOCAL REG. <u>12-15-55</u>		REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>		- 521	
		25. FUNERAL DIRECTOR'S SIGNATURE <u>Camaday & Kopp</u>		ADDRESS <u>Holden, Mo.</u>	

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

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.....
Signature of Student Embalmer

Signed.....
M. J. Cunday

Licensed Embalmer No. *342*

P. O. Address *Heldem*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.