

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 24 1956

State File No. 5602

BIRTH NO. _____		REG. DIST. NO. 199		PRIMARY REG. DIST. NO. 4312		Registrar's No. 57	
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 OR TOWN <u>Ethel</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>ETHEL</u>		d. Is 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>Ethel, Mo.</u>				STREET ADDRESS (If rural, give location) <u>NONE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HAROLD</u> b. (Middle) <u>M.</u> c. (Last) <u>RICE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 14 1956</u> MARCH 20 1956				
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>MAR 20 1889</u>	
9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>24</u>		IF UNDER 4 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MACON CO. MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>McCager L. Rice</u>		13b. MOTHER'S MAIDEN NAME <u>WILDA PARKER</u>		14. NAME OF HUSBAND OR WIFE <u>LENNA RICE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give year or dates of service) <u>9-4-17 to 6-4-19</u>		16. SOCIAL SECURITY NO. <u>490-30-3464</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>LENNA PEARL RICE, Ethel, 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 occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerotic plaque</u> DUE TO (c) <u>Atherosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Traumatic Osteoarthral arthritis</u>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural Cause</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Ethel Macon Missouri</u>			
21d. TIME OF INJURY <u>None</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 <u>Jan 19</u> , 19 <u>54</u> , to <u>Feb. 14</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Feb 14</u> , 19 <u>56</u> , and that death occurred at <u>3:50 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>[Signature]</u>						23b. ADDRESS <u>Russell Mo.</u>	
23c. DATE SIGNED <u>2-15-56</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 16, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ethel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ethel Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-16-1956</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Ethel, Mo.</u>			

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

8361 87 10

FEB 27 1956

RECEIVED 2-20-56
MACON COUNTY HEALTH DEPARTMENT
County File No. 2-56-20
Date Filed 2-21-56

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..... *E. Larson*

Licensed Embalmer No. 403

P. O. Address *Bucklin*

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.