

FILED MAY 7 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH12731
STATE FILE NUMBERRegistration District No. 120 Primary Registration District No. 4194 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Albany</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Albany</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>508 W Jackson</u>			Length of stay in lb <u>lifetime</u>		d. STREET ADDRESS <u>508 W Jackson</u>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Evalena</u> Middle <u></u> Last <u>Rice</u>				4. DATE OF DEATH Month <u>April</u> Day <u>27</u> Year <u>1957</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>March 29 1872</u>		9. AGE (In years last birthday) <u>85</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (City and state or country) <u>Harrison County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Joseph A.R. Fanning</u>				14. MOTHER'S MAIDEN NAME <u>Margaret Ann Guerry</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yrs. no. or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Mr T.M. Rice Albany, Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>volvulus of ileum</u>							INTERVAL BETWEEN ONSET AND DEATH <u>8 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>5703</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Albany, Gentry</u>		COUNTY <u>Mo.</u>	
21. I attended the deceased from <u>4-27-57</u> to <u>4-27-57</u> and last saw her <u>alive</u> on <u>4-27-57</u> Death occurred at <u>4:40</u> o. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Frank H. Rose, M.D.</u>				22b. ADDRESS <u>Albany, Mo.</u>		22c. DATE SIGNED <u>4-28-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>April 29 57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Grandview</u>		23d. LOCATION (City, town, or county) <u>Albany, Missouri</u>		(State)
24. FUNERAL DIRECTOR ADDRESS <u>Clifford Brooks Albany, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>4/29/57</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. L. W. Bare</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health,
& Welfare
Public
ServiceS. 300
Y. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

5420

(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 ~~MC~~....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Donald E. Eichel.....

Licensed Embalmer No..... 486

P. O. Address..... Albany, ..

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.

2-18-1914