

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

45039  
STATE FILE NUMBER

FILED DEC 16 1957

Registration District No. 195 Primary Registration District No. 4309 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY <b>McDonald</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>McDonald</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Southwest City</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Southwest City</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>None</b>			Length of stay in lb <b>50 yrs</b>	d. STREET ADDRESS <b>City</b>			(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>FLOYD</b> Middle <b>D.</b> Last <b>RICE</b>				4. DATE OF DEATH Month <b>II</b> - Day <b>15</b> - Year <b>57</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 27, 1883</b>		9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Contractor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>		11. BIRTHPLACE (City and state or country) <b>N. Y. State</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Hyde Rice</b>				14. MOTHER'S MAIDEN NAME <b>Unknown</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Equal Smith</b>		Address <b>Southwest City, Mo.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>thrombosis of Abdominal Aorta</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>Senility</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>451X</b>							INTERVAL BETWEEN ONSET AND DEATH <b>6 days.</b> <b>Several years.</b>
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		COUNTY	STATE
21. I attended the deceased from <b>11-11-57</b> to <b>11-17-57</b> and last saw <del>him</del> <sup>her</sup> alive on <b>11-16-57</b> . Death occurred at <b>12:40 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>R. E. Varnack, M.D.</b>				22b. ADDRESS <b>Southwest City, Mo.</b>		22c. DATE SIGNED <b>11-26-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>II-18-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Southwest City Cem.</b>		23d. LOCATION (City, town, or county) (State) <b>Southwest City Mo</b>		
24. FUNERAL DIRECTOR <b>Humphrey &amp; Son Noel, Mo.</b>			ADDRESS		25. DATE RECD. BY LOCAL REG. <b>12-4-57</b>	26. REGISTRAR'S SIGNATURE <b>Mayne Humphrey</b>	

1933

City of

x

City of

City

50 Ave

Zone

11 - 15 - 37

DATE

D.

1933

x

Dec. 1, 1933

White

U.S.A.

N.Y. State

Retired

Contractor

Hygiene

Hygiene

105-38-438 1st St. South West City

Zone

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 *Mayme E. Humphreys*

Licensed Embalmer No. 426

P. O. Address *Princeton*

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.