MO DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 22 1959

Registration District No. 294 Primary Registration District No. 6011 Registrar's No. 195

59-030098
STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Rural Union
Length of stay in 1b: 7 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: RFD #3 Moberly
Inside Limits: Yes ☐ No ☑

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Randolph
c. CITY OR TOWN: Moberly
Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location): RFD #3
Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First: ERNEST Middle: Last: RICE

4. DATE OF DEATH: Month: Sept. Day: 5 Year: 1959

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: Oct-23-1873

9. AGE (last birthday): 85

IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (City and state or country): Randolph Co. Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: George P. Rice

13b. MOTHER'S MAIDEN NAME: Rebecca B. Elliott

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 494-44-0015

17. INFORMANT: Mrs Ernest Rice Address: Moberly Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis — ?
DUE TO (c): Senility

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a):

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 April 1952 to Sept 5, 1959 and last saw ~~him~~ alive on Sept 4, 1959
Death occurred at 9.30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Morris C. Copley DO

22b. ADDRESS: Huntsville

22c. DATE SIGNED: 9-5-59.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Sept-8-1959

23c. NAME OF CEMETERY OR CREMATORY: Huntsville Cemetery

23d. LOCATION (City, town, or county) (State): Huntsville Mo.

24. FUNERAL DIRECTOR: Cater Funeral Home

ADDRESS: Moberly Mo.

25. DATE RECD. BY LOCAL REG.: 9-5-59

26. REGISTRAR'S SIGNATURE: Leola W. Lowe

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed R. M. Cater

Signature of Student Embalmer

Licensed Embalmer No. H117

P. O. Address Moberly Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.