

t. Health,
& Welfare
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

FILED VS SEP 16 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-031763
STATE FILE NUMBER 46

Registration District No. 70 Primary Registration District No. Registrar's No. 46

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|--|---------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY CLARK | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clark | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JACKSON | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home | | Length of stay in 1b 18 years | d. STREET ADDRESS (If outside, give location) 0230 2 mi. N.W. St. Patrick, Mo |
| 3. NAME OF DECEASED (Type or print) First Middle Last HARRY EMMETT Rice | | | 4. DATE OF DEATH Month Day Year June 29, 1959 |
| 5. SEX MALE | 6. COLOR OR RACE Wht. | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Sept. 30, 1896 |
| 9. AGE (In years last birthday) 62 | | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 11. BIRTHPLACE (City and state or country) Louisiana, Mo. |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Henry Clay Rice | |
| 13b. MOTHER'S MAIDEN NAME Addie Jane Hall | | 14. NAME OF HUSBAND OR WIFE Elizabeth Rice | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | 16. SOCIAL SECURITY NO. 497 10 6950 | 17. INFORMANT Address MRS. Elizabeth Rice Canton, 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 |
| 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) 4201 | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year 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 _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE J. H. Channing, D.S. Coroner | | 22b. ADDRESS Kahoka Mo | 22c. DATE SIGNED 7-1-59 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION (City, town, or county) (State) |
| Burial | July 2, 1959 | River View Cemetery | Kahoka, Mo. |
| 24. FUNERAL DIRECTOR ADDRESS J. Kenneth Bailey Kahoka, Mo. | | 25. DATE REC'D. BY LOCAL REG. 7-8-59 | 26. REGISTRAR'S SIGNATURE J. H. Channing |

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 *J. Kenneth Bailey*
Licensed Embalmer No. *4248*
P. O. Address *La Grange, Ill.*

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.