

FILED FEB 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2148

BIRTH NO. _____		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. <u>3053</u>		Registrar's No. <u>8</u>		
1. PLACE OF DEATH a. COUNTY <u>Phelus</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u>				
b. CITY OR TOWN <u>Rolla</u>		c. LENGTH OF STAY (in this place) <u>4 Mo</u>		c. CITY OR TOWN <u>Rural Crawford Township</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McFarland Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>Linn, Mo. R#1</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ellen Virginia Rice</u>			b. (Middle) _____		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 22 1949</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Apr. 4, 1867</u>		9. AGE (In years last birthday) <u>81</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Osage County</u>		12. CITIZEN OF WHAT COUNTRY? <u>This</u>		
13a. FATHER'S NAME <u>Joseph Lambeth</u>			13b. MOTHER'S MAIDEN NAME <u>Jane Maxwell</u>		14. NAME OF HUSBAND OR WIFE <u>McClelland Rice</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs J.M. J. Savoy Winn, Mo. R 1</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>260</u>					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		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>9-8, 1948</u> , to <u>JAN 22, 1949</u> , that I last saw the deceased alive on <u>JAN 22, 1949</u> , and that death occurred at <u>9:15 A.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Deceased or title) <u>Dr. Sydney McFarland M.D.</u>				23b. ADDRESS <u>Rolla Mo.</u>		23c. DATE SIGNED <u>1-24-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/24/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Useful Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Osage Co. Crawford Township, Mo</u>		
DATE REC'D BY LOCAL REG. <u>1-25-49</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Steele</u>		380 25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde Morton</u>		ADDRESS <u>Linn, Mo.</u>		

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

RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed _____

2-2-49

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.

Signed Vernon M. Norton

Signed _____
Student Embalmer

Licensed Embalmer No. 4125

P. O. Address Levin, Mo

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 this body is not embalmed, fact should be so stated above.