

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

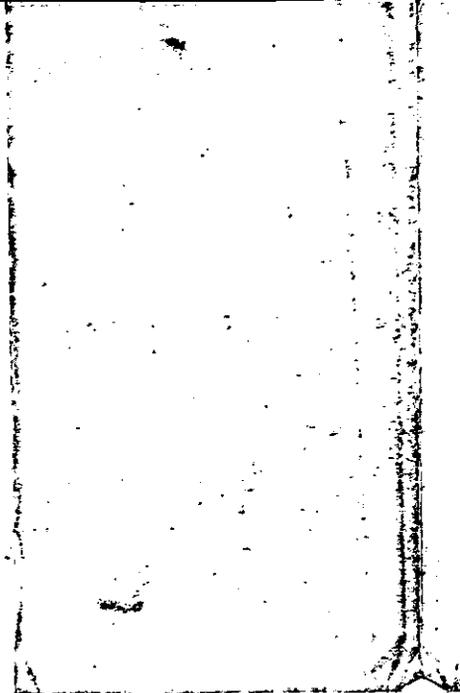
State File No. **30844**

BIRTH NO. _____ **REG. DIST. NO.** 164 **PRIMARY REG. DIST. NO.** 3022 **Registrar's No.** 106

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Rehoboth</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WARRENSBURG</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LA Monte</u>	
c. LENGTH OF STAY (in this place) <u>5 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WARRENSBURG 0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>AVERY</u> c. (Last) <u>RICE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-5-1949</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN-19-1894</u>
9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>17</u>	IF UNDER 1 HR. Hours <u>17</u> Mins. _____	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Poultry Man</u>
10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>DRESDEN MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John D. Rice</u>		13b. MOTHER'S MAIDEN NAME <u>Charlotte Thatcher</u>	
14. NAME OF HUSBAND OR WIFE <u>ESTER VOST RICE</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>500-03-4349</u>		17. INFORMANT'S SIGNATURE OR NAME <u>LA Monte Mo</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>Chronic Interstitial Nephritis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Upper Respiratory Infection</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>5800X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>Sept. 6, 1949</u>, to <u>Sept. 5, 1949</u>, that I last saw the deceased alive on <u>Sept. 4, 1949</u>, and that death occurred at <u>8:30 Am.</u>, from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>Warrensburg Mo</u>	23c. DATE SIGNED <u>9-5-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9-7-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LA MONTE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>LA MONTE MO</u>
DATE REC'D BY LOCAL REG. <u>Sept. 5, 1949</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>La Monte Mo</u>	

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

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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 Paul M. Moore

Signed _____
Student Embalmer

Licensed Embalmer No. 3923

P. O. Address La Monte 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.