

FILED SEP 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30938

State File No.

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

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BIRTH NO. _____		REG. DIST. NO. <u>392</u>		PRIMARY REG. DIST. NO. <u>4276</u>		Registrar's No. <u>4</u>	
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Lawrence</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pierce City Mo</u>		c. LENGTH OF STAY (in this place) <u>72 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pierce City, Mo</u>		50 4	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Commercial St</u>				d. STREET ADDRESS (If rural, give location) <u>Commercial St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLEY</u>		b. (Middle) <u>William</u>		c. (Last) <u>RICE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 17 - 1949</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>MAY 27 - 1876</u>	
9. AGE (If years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>labor</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Ill.</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>CHARLES W RICE</u>			13b. MOTHER'S MAIDEN NAME <u>Florence V. Almond</u>			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Grace Burman Rice</u>		ADDRESS <u>Pierce City 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Probable Heart attack</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>found dead in bed</u> DUE TO (c) <u>12 noon 7/18/49</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>Not known</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) m.		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>after death</u> to _____, 19____, that I last saw the deceased alive on <u>July 18, 1949</u> , and that death occurred at <u>not known</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Herman Surridge</u>				23b. ADDRESS <u>Coroner Marionville Mo</u>		23c. DATE SIGNED <u>7/18/49</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 20 - 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pierce City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pierce City, Mo</u>	
DATE REC'D BY LOCAL REG. <u>July 18 1949</u>		REGISTRAR'S SIGNATURE <u>Mrs. Island A. Edwards</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edwards</u>		ADDRESS <u>Bras Pierce City Mo</u>	

(Licensed Embalmer's Certificate on Reverse Side)

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 _____

Edwin P. Wilks

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Edwin P. Wilks

Signed.....
Student Embalmer

Licensed Embalmer No. *H/31*

P. O. Address *Pierce City 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.