

FILED JAN 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 586

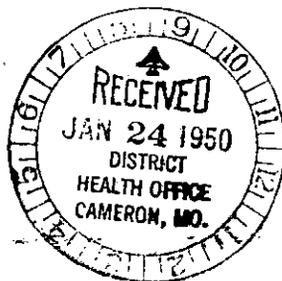
BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 5

0251

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

1. PLACE OF DEATH a. COUNTY <u>CLINTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Mo</u> b. COUNTY <u>CLINTON</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>CAMERON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAMERON</u> <u>0251</u>	
c. LENGTH OF STAY (In this place) <u>30 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>702 S Chestnut</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>702 S Chestnut</u>			
3. NAME OF DECEASED a. (First) <u>MARY</u> b. (Middle) <u>ALICE</u> c. (Last) <u>RICE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-12-50</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>Apr. 2-1862</u>
9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 100 Hrs _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>house work</u>	11. BIRTHPLACE (State or foreign country) <u>Caldwell Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Geo. Henderson</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Henderson</u>	14. NAME OF HUSBAND OR WIFE <u>Ea Rice</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Maude Winer</u> ADDRESS <u>Cameron</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>Cerebral thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis & leukemia</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____	
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) _____	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>1-7-</u> , 19 <u>50</u> , to <u>1-12-</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>1-12-</u> , 19 <u>50</u> and that death occurred at <u>3:04</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____		23b. ADDRESS <u>Cameron Mo</u>	23c. DATE SIGNED <u>1-13-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-14-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Graceland cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cameron Mo</u>
DATE REC'D BY LOCAL REG. <u>1-20-50</u>	REGISTRAR'S SIGNATURE <u>Winifred W Moser</u> 390	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Cameron</u>	

(Licensed Embalmer's Statement 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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed *George W. Trammell*

Signed _____
Student Embalmer

Licensed Embalmer No. 2425

P. O. Address 224 West 4th

Cameron, 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.