

FILED NOV 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36462**

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 3014 Registrar's No. 82

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

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty</u>		c. LENGTH OF STAY (If in this place) <u>2 Wks.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pence Convalescence Home</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Liberty</u>	
		d. STREET ADDRESS (If rural, give location) <u>Liberty, R 3</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Ethel</u>	b. (Middle) <u>Francis</u>	c. (Last) <u>Rife</u>	(Month) <u>Nov.</u>	(Day) <u>18</u>	(Year) <u>50</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 5-1895</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>13</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 <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Springfield, Missouri</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>US.</u>	

13a. FATHER'S NAME <u>unk Almond</u>		13b. MOTHER'S MAIDEN NAME <u>Rene Connor</u>		14. NAME OF HUSBAND OR WIFE <u>Col. Geo. J. Rife Liberty, Mo</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>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Gerald Chapman Leavenworth, Kans.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain Tumor (base of posterior angle-left)</u>			<u>24 mo</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>237X</u>	

19a. DATE OF OPERATION <u>1948</u>		19b. MAJOR FINDINGS OF OPERATION <u>Same as above</u>		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 July, 1947, to Nov 18, 1950, that I last saw the deceased alive on Nov. 18, 1950, and that death occurred at 6:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Glen W. Hudson M.D.</u>		23b. ADDRESS <u>Liberty, Mo</u>		23c. DATE SIGNED <u>10/18/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 21-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>	
				24d. LOCATION (City, town, or county) (State) <u>Liberty Missouri</u>	

DATE REC'D BY LOCAL REG. <u>Nov. 21. 1950</u>		REGISTRAR'S SIGNATURE <u>Minnie Hayes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Church-Orches Co. Liberty Mo.</u>	
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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.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 4448

P. O. Address Liberty 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.