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FILED AUG 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27304

BIRTH NO. FILED AUG 22 1955 REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 6012 Registrar's No. 143

0880

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

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Chariton Twp.
c. LENGTH OF STAY (in this place): 62 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): North of Huntsville

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Randolph
c. CITY OR TOWN: Chariton Rural- Township
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
STREET ADDRESS (If rural, give location): North of Huntsville 0880

3. NAME OF DECEASED (Type or Print)
a. (First): Aubrey
b. (Middle): L.
c. (Last): Rice

4. DATE OF DEATH (Month) (Day) (Year): August 14 1955

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: January 24, 1884
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farming
10b. KIND OF BUSINESS OR INDUSTRY: farming
11. BIRTHPLACE (City and State or Foreign Country): Randolph County, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Clay Rice
13b. MOTHER'S MAIDEN NAME: Catherine Ann Miller
14. NAME OF HUSBAND OR WIFE: Lee A. Rice

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Charles Rice: 3102S. Cincinnatti St: Tulsa, Okla. — ADDRESS

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) CA of L. Kidney — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) 180X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: July 10, 1955
19b. MAJOR FINDINGS OF OPERATION: CA of L. Kidney
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 1, 1948, *to* Aug 12, 1955, *that I last saw the deceased alive on* Aug 12, 1955, *and that death occurred at* 8:18 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): P. V. Dreyer MD 0
23b. ADDRESS: Huntsville Mo.
23c. DATE SIGNED: 8/15/55

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Aug. 16, 1955
24c. NAME OF CEMETERY OR CREMATORY: Trinity Cemetery
24d. LOCATION (City, town, or county) (State): North of Huntsville, Missouri

DATE REC'D BY LOCAL REG.: 8-17-55
REGISTRAR'S SIGNATURE: Mam H Bentley 4820
25. FUNERAL DIRECTOR'S SIGNATURE: Tom B Patton — ADDRESS: Huntsville Mo

(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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Tom B. Patton

Licensed Embalmer No. 39

P. O. Address Huntsv

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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