

FILED MAY 21 1956

STANDARD CERTIFICATE OF DEATH

State File No. 17134

BIRTH NO. _____ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 4352 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY Morgan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Morgan	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) Versailles		c. CITY OR TOWN Syracuse	
c. LENGTH OF STAY (In this place) 4 Months		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Kidwell Rest Home			
e. STREET ADDRESS (If rural, give location) 9 Miles South Syracuse			

3. NAME OF DECEASED (Type or Print) a. (First) ANNIE b. (Middle) L. c. (Last) RICE			4. DATE OF DEATH (Month) (Day) (Year) May, 13th, 1956		
5. SEX Female	6. COLOR (OR RACE) White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH April, 10th, 1877	9. AGE (In years last birthday) 79	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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Morgan County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Adam Myers		13b. MOTHER'S MAIDEN NAME Partheina Hamby		14. NAME OF HUSBAND OR WIFE Joseph Rice (deceased)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Callie M. Moon (Sister) Syracuse, Mo	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma			INTERVAL BETWEEN ONSET AND DEATH 10 mos
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Cx of lip			3 yrs
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			Senility
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 140x			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 Aug 1955, to Aug 13, 1956, that I last saw the deceased alive on 5/12, 1956, and that death occurred at 8:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. L. Wether		23b. ADDRESS m. o. Versailles mo		23c. DATE SIGNED 5/18/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE MAY 13, 1956		24c. NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery	
24d. LOCATION (City, town, or county) (State) 6 Miles South Syracuse, Mo		25. FUNERAL DIRECTOR'S SIGNATURE James E. Richards		ADDRESS Tipton, Mo.	
DATE REC'D BY LOCAL REG. 5/18/56		REGISTRAR'S SIGNATURE J. L. Wether			

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 23 1936

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.....
Signature of Student Embalmer

Signed *James E. Richers*

Licensed Embalmer No. 2466

P. O. Address.....Tipton, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.