

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35176**

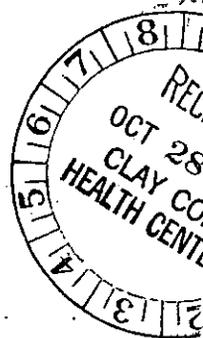
FILED NOV 4 1957

BIRTH NO. _____		REG. DIST. NO. <u>22</u>		PRIMARY REG. DIST. NO. <u>4134</u>		Registrar's No. <u>109</u>	
1. PLACE OF DEATH a. COUNTY Clay				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay			
b. CITY OR TOWN Smithville		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Smithville		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Smithville Community Hosp.				e. STREET ADDRESS (If rural, give location) 3 miles North of Smithville			
3. NAME OF DECEASED (Type or Print) William		a. (First) William		b. (Middle) C.		c. (Last) Rice	
4. DATE OF DEATH Oct. 16 1957		4. DATE OF DEATH (Month) (Day) (Year)		4. DATE OF DEATH Oct. 16 1957		4. DATE OF DEATH (Month) (Day) (Year)	
5. SEX Ma		6. COLOR OR RACE Wh		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 25, 1878	
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months 4 Days 21		IF UNDER 2 HRS. Hours Min. 		9. AGE (In years last birthday) Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and State or Foreign Country) Clay County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Marion M. Rice		13b. MOTHER'S MAIDEN NAME Helen Buster		14. NAME OF HUSBAND OR WIFE Nellie Williams Rice			
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. 494-40-3985		17. INFORMANT'S SIGNATURE OR NAME Mrs. Nellie Rice ADDRESS Smithville, Mo.			
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) Bacterial Shock					
		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diverticulitis & Cholecystitis					
		DUE TO (c) 78 SHD - Asthma					
		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? 2 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)		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 <u>July 15, 1957</u> , to <u>Oct 16, 1957</u> , that I last saw the deceased alive on <u>Oct 16, 1957</u> , and that death occurred at <u>7:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Name or Title) Samuel A. Byrd M.D.				23b. ADDRESS Smithville Mo.		23c. DATE SIGNED 10-19-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-19-57		24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery		24d. LOCATION (City, town, or county) (State) Smithville, Missouri	
DATE REC'D BY LOCAL REG. 10-19-57		REGISTRAR'S SIGNATURE Marguerite Ludens		25. FUNERAL DIRECTOR'S SIGNATURE McComas Funeral Home ADDRESS Smithville, Mo.			

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

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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.....
Signature of Student Embalmer.

Signed *Donald W. Hawks*

Licensed Embalmer No. *4528*

P. O. Address *Smithville, Va.*

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.