

FILED NOV 13 1957

STANDARD CERTIFICATE OF DEATH

36933

STATE FILE NUMBER

Registration District No. 282 Primary Registration District No. 5977 Registrar's No. 113

S. 300 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <i>Folk</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Folk</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Aldrich</i>		c. CITY OR TOWN <i>Aldrich</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Lifetime</i>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>CORA</i> Middle <i>MAY</i> Last <i>RICE</i>			4. DATE OF DEATH Month <i>10</i> Day <i>4</i> Year <i>1957</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Aug 19 - 1868</i>
9. AGE (In years last birthday) <i>89</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	11. BIRTHPLACE (City and state or country) <i>Aldrich, Mo.</i>
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		13a. FATHER'S NAME <i>James Cowan</i>	13b. MOTHER'S MAIDEN NAME <i>Mary Elizabeth Patton</i>
14. NAME OF HUSBAND OR WIFE <i>David E. Rice</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>none</i>
17. INFORMANT <i>Owille Rice - Aldrich - Mo.</i>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>acute heart failure</i> DUE TO (b) <i>Chronic myocarditis</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <i>5/16/57</i> <i>(5 mo)</i>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>4222</i>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <i>May 1957</i> to <i>Oct 5 7</i> and last saw her/him alive on <i>10/3/57</i> Death occurred at <i>7:00 a</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Doyle C. McCraw MD</i>		22b. ADDRESS <i>Bolivar, Mo.</i>	
22c. DATE SIGNED _____			
23a. BURIAL, CREMATION, REBURY (Specify)		23b. DATE <i>10-7-57</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Pleasant Ridge Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Aldrich - Missouri</i>	
24. FUNERAL DIRECTOR <i>Brim - Daniel - Walnut Grove - Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>Oct. 7, 1957</i>	
26. REGISTRAR'S SIGNATURE <i>Ralph Gordon per Jewell Gordon</i>			

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 *Doyle L. Samuel* .....  
Licensed Embalmer No. *4702* .....  
P. O. Address *Ash Grove, W.* .....

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.