

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017250
STATE FILE NUMBER

FILED MAY 27 1958

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 76

S. 300
r. 1-57

1. PLACE OF DEATH a. COUNTY Barry			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barry		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Monett <u>051</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Vincent Hosp.		Length of stay in 1b 50 Yrs.	d. STREET ADDRESS (If outside, give location) 406 6th St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MAUDE Middle NICHOLS Last RICE			4. DATE OF DEATH Month May Day 21 Year 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 13, 1870	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months 88 Days 2 Hours 8 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Momence, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME William Nichols		13b. MOTHER'S MAIDEN NAME Margaret Alexander		14. NAME OF HUSBAND OR WIFE Charles E. Rice (deca)	
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 Address Mrs. F. A. Baschen, Momence, Ill.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INTESTINAL OBSTRUCTION					INTERVAL BETWEEN ONSET AND DEATH 24-hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) ANNULAR CARCINOMA OF SIGMOID					<i>not known</i>
DUE TO (c) 1533					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CARCINOMA OF LEFT BREAST					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input 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 <u>May 4, 1958</u> to <u>May 21, 1958</u> and last saw her alive on <u>May 21, 1958</u> Death occurred at <u>4:12 P. M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Robert P. Dudley M.D.</i> (Degree or title)				22b. ADDRESS Monett, Missouri	
22c. DATE SIGNED May 22-					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/24/58	23c. NAME OF CEMETERY OR CREMATORY Momence Cemetery		23d. LOCATION (City, town, or county) (State) Momence, Ill. 1958
24. FUNERAL DIRECTOR J. D. Buchanan ADDRESS Monett, Mo.			25. DATE RECD. BY LOCAL REG. May 22-1958		26. REGISTRAR'S SIGNATURE <i>Mrs. P. N. Cook</i>

(Licensed Embalmer's Statement on Reverse Side)

Social, 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

MEDICAL CERTIFICATION

NO. 558-119

DATE REC. 5-26-58

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 J. H. Buchanan

Licensed Embalmer No. 3179
P. O. Address Monett, 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.