

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005101

STATE FILE NUMBER

19

FILED MAR 3 1959

Registration District No. 120 Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY Gentry			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gentry		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Albany		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Albany		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gentry County Memorial Hosp.			Length of stay in lb two days		d. STREET ADDRESS 508 W. Jackson
3. NAME OF DECEASED (Type or print) First Middle Last Thomas Manford Rice			4. DATE OF DEATH February 23, 1959		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 9, 1870	9. AGE (In years last birthday) 88	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Groceryman		10b. KIND OF BUSINESS OR INDUSTRY Grocery	11. BIRTHPLACE (City and state or country) Harrison Co. Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Jack Rice			14. MOTHER'S MAIDEN NAME Margaret Jane Groomer		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO. -----	17. INFORMANT Mrs. May Cox Address Albany, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema DUE TO (b) Congestive heart failure DUE TO (c) Atherosclerotic cardiovascular disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4221					INTERVAL BETWEEN ONSET AND DEATH 48 hr.
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 p. m.					
20d. INJURY OCCURRED WHILE AT WORK <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		STATE
21. I attended the deceased from Feb. 21, 1959 to Feb. 23, 1959 and last saw ^{her} him alive on 2-23-59 Death occurred at 12:35 p. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Nathan L. Poff M.D.			22b. ADDRESS Albany		22c. DATE SIGNED 2-24-59
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Feb. 25, 59	23c. NAME OF CEMETERY OR CREMATORY Grandview		23d. LOCATION (City, town, or county) (State) Albany, Missouri	
24. FUNERAL DIRECTOR Clifford Brooks		ADDRESS Albany, Mo.		25. DATE RECD. BY LOCAL REG. Feb. 25-'59	26. REGISTRAR'S SIGNATURE Mrs. L. W. Bare

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Dr. Nathan L. Poff

MEDICAL CERTIFICATION

MAR 11 1959

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 me, Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Donald E. Cochelf*
Licensed Embalmer No. 48

P. O. Address ..Albany..

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.