

FILED DEC 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

451333

STATE FILE NUMBER

Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Monteau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Monteau</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>California</u> TOWN <u>California</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR <u>California</u> TOWN <u>California</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				Length of stay in 1b		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First <u>KATHRYN</u> Middle <u>RICE</u> Last <u>RICE</u>				4. DATE OF DEATH <u>Dec 18 1957</u> Month Day Year			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Feb 12 - 1868</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeping</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>no.</u>		9. AGE (In years last birthday) <u>88</u> IF UNDER 1 YEAR Months <u>10</u> Days <u>6</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
11a. FATHER'S NAME <u>Niles C Rice</u>				11b. MOTHER'S MAIDEN NAME <u>Margaret Adams</u>		11c. NAME OF HUSBAND OR WIFE <u>never married</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>no.</u>		17. INFORMANT Address <u>Well Rice California Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Generalized arterio-sclerosis</u>						5-years.	
DUE TO (c) <u></u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>331x</u>							
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 <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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>July 10, 1957</u> to <u>Dec 18, 1957</u> and last saw her alive on <u>Dec 18, 1957</u> Death occurred at <u>4:30 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Kenneth Latham M.D.</u> (Degree or title)				22b. ADDRESS <u>California, Mo</u>		22c. DATE SIGNED <u>12-21-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>12-20-1957</u>		<u>Masonic Cemetery</u>		<u>California Mo.</u>	
24. FUNERAL DIRECTOR <u>Hugh E. Williams</u> ADDRESS <u>California Mo</u>				25. DATE RECD. BY LOCAL REG. <u>12-20-57</u>		26. REGISTRAR'S SIGNATURE <u>Niles C. Popejoy</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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 *Hugh E. Williams*

Licensed Embalmer No. *3537*

P. O. Address *California*

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.