

CERTIFICATE OF DEATH

124 70 0002758

Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 4

DO NOT WRITE  
ON THIS STUB

VS 300  
Rev. 1/70

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. NELLIE				RICE	Female	Jan. 9, 1970
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	
4. white		102	Mo. 7	Days 22	May 17, 1867	
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. California		7c. yes	7d. Latham Hospital			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. Missouri		U.S.A.		never married		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY		
1495-50-1153J1		13c. retired		13b. Schoolteacher		
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER
14a. Missouri		14b. Moniteau	14c. California		14d. yes	14e. S. Oak
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME	
15. Niles		Curtis	Rice		16. Margaret Ann Tucker	
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
17b. R.L. Hert		17c. California, Mo. 65018				
PART I. DEATH WAS CAUSED BY:		(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE						
(a) Chronic myocarditis						2 year
(b) Hemorrhagic arteriosclerosis						10 year
(c)						
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (G) STATING THE UNDERLYING CAUSE LAST						
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (G)						AUTOPSY (YES OR NO)
						19a. No
IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH						19b.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
20a.		20b.	20c.	20d.		
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS	
20e.		20f.	20g.		20h. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
CERTIFICATION—PHYSICIAN:		MONTH	DAY	YEAR	MONTH	DAY
21a. I ATTENDED THE DECEASED FROM Feb 2 1969 TO Jan 9 1970						
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
22a.		22b.		22c.		22d. 4x M.
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)
23a. Kenyon LATHAM M.D.		23b. Kenyon Latham M.D.		23c. M.D.		23d. 1-9-70
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN	STATE	ZIP
23e.		23f.		23g. California	23h. Mo.	23i. 65018
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		
24a. burial		24b. Masonic		24c. California, Mo.		
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
24d. Jan. 10, 1970		24e. Wilson Funeral Home, 101 S. Oak, California, Mo.				
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR		
25a. A. E. Wilson		25b. Florence H. Kiehl		25c. January 9-1970		

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in  
PERMANENT BLACK INK.  
See handbook for instructions.

9. 1  
10a. 99  
10b.  
11. 0  
12. 0  
13. 4123  
14.  
15. 4  
16.  
17.  
18. 0  
19. CREDITS  
20. 30

**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 A. E. Wilson

Licensed Embalmer No. 2351

P. O. Address California, 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.