

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2680**

FILED FEB 10 1953

BIRTH NO. _____		REG. DIST. NO. 297		PRIMARY REG. DIST. NO. 3057		Registrar's No. 8	
1. PLACE OF DEATH a. COUNTY Ray				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Richmond Mo)		c. LENGTH OF STAY (In this place) 60 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Richmond		0891	
d. FULL NAME OF HOSPITAL OR INSTITUTION 542 East Main St.				d. STREET ADDRESS (If rural, give location) 542 East Main St.			
3. NAME OF DECEASED (Type or Print) MAICIE		a. (First)		b. (Middle) AMI		c. (Last) KICE	
4. DATE OF DEATH January 29, 1953		(Month) (Day) (Year)		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan. 12, 1873		9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Household duties		11. BIRTHPLACE (State or foreign country) Paris, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Margueriter		13b. MOTHER'S MAIDEN NAME Annie (Unknown)		14. NAME OF HUSBAND OR WIFE John D. V. Kice			
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'S SIGNATURE OR NAME H. J. Blanton, Paris, Missouri			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation & Burns ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E9160 16				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Richmond Ray Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan-29-53-7Pm.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fired unknown origin			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23. SIGNATURE Dr. John F. Baber, 3 (Degree or title)				23b. ADDRESS Richmond Mo.		23c. DATE SIGNED 1-31-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 1, 1953		24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) Richmond, Mo.	
DATE REC'D BY LOCAL REG. Feb 2-1953		REGISTRAR'S SIGNATURE Malcol Jackson 2750		25. FUNERAL DIRECTOR'S SIGNATURE Thurman Funeral Home By Lewis Thurman		ADDRESS Richmond, Mo.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Moss. 2

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, Arch

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Tom L. Thurman

Licensed Embalmer No. 4563

P. O. Address Richmond, 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 this body is not embalmed, fact should be so stated above.