

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14720

State File No. *14720*

FILED MAY 7 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. *156* PRIMARY REG. DIST. NO. *2001* Registrar's No. *197*

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C

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

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>NEWTON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>JOPLIN</b>		c. LENGTH OF STAY (In this place) <b>4 1/2 HOURS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. JOHN'S HOSPITAL</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>JOPLIN</b>	
		d. STREET ADDRESS (If rural, give location) <b>4101 PENNSYLVANIA</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>GLENN</b> b. (Middle) <b>R.</b> c. (Last) <b>RICE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 24 1953</b>		
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>OFFICE MANAGER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>JUNGESK BAKERY</b>		8. DATE OF BIRTH <b>OCTOBER 17 1899</b>	
				9. AGE (In years last birthday) <b>53</b>	
				11. BIRTHPLACE (State or foreign country) <b>JOPLIN, MISSOURI</b>	
				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>JOSEPH B. RICE</b>		13b. MOTHER'S MAIDEN NAME <b>LULA JANE HOLT</b>		14. NAME OF HUSBAND OR WIFE <b>FERN RICE, Deed</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>UNK</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MERLE RICE 211 E. 23RD JOPLIN</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Block.</b>		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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.			

19a. DATE OF OPERATION <b>C</b>		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>✓</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **4-14**, 19**53**, to **4-23**, 19**53**, that I last saw the deceased alive on **4-23**, 19**53**, and that death occurred at **9:30 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>211 E. 23rd Jo.</b>		23c. DATE SIGNED <b>4-25-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>4-25-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>FOREST PARK CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>JOPLIN, MO.</b>	

DATE REC'D BY LOCAL REG. <b>4-27-53</b>		REGISTRAR'S SIGNATURE <i>[Signature]</i> <b>138</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>STEVE PARKER MORTUARY JOPLIN, MO.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 5-6-53  
Jasper County Health Office

Case Number 53-5-369

Date Filed 5-6-53

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.....

.....  
working under my personal supervision.

Student Embalmer No. 466

Signed *Jack P. Parker*  
Student Embalmer

Signed *F. M. Jones*

Licensed Embalmer No. 2319

P. O. Address *Joplin 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.