

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020709

FILED JUL 8 1959

Registration District No. 393

Primary Registration District No. 1002

STATE FILE NUMBER 2938

300
1-57

| | | | | | |
|--|-------------------------------|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY CLAY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY Clay | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Kansas City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 640 E. 83rd St. | | Length of stay in lb Life | d. STREET ADDRESS (If outside, give location) 640 E 83rd St | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last OSCAR N. Rice | | | 4. DATE OF DEATH Month Day Year 6-13-1959 | | |
| 5. SEX M | 6. COLOR OR RACE W. | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Oct 12 1901 | 9. AGE (In years last birthday) 57 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Eng. Plant Paper Co | | 10b. KIND OF BUSINESS OR INDUSTRY Clay Co. Mo. | 11. BIRTHPLACE (City and state or country) CLAY Co. Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME Wm C. Rice | | 13b. MOTHER'S MAIDEN NAME Lillie Johnson | | 14. NAME OF HUSBAND OR WIFE Marie Rice | |
| 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. 495-03-4156 | 17. INFORMANT Address J. Major Rice 6907 N Walnut | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Germany Pneumonia | | | | | INTERVAL BETWEEN ONSET AND DEATH 420 |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 a.m. 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 COUNTY STATE | |
| 21. I attended the deceased from April 1945 to June 13, 1959 and last saw her alive on April 11, 1959 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) A. L. Johnson | | | 22b. ADDRESS No. Oak St Tiffin, K. Mo. | | 22c. DATE SIGNED 6-14-59 |
| 23a. BURIAL, CREMATION, or other disposition Buried 6-16-59 | | 23c. NAME OF CEMETERY OR CREMATORY Barry Cem | | 23d. LOCATION (City, town, or county) (State) Barry Mo. | |
| 24. FUNERAL DIRECTOR D. W. Newcomer | | 25. DATE RECD. BY LOCAL REG. 6-16-59 | | 26. REGISTRAR'S SIGNATURE new Marshall | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

A. L. Johnson

All diseases in Part I must be causally related.
vaccines, curatives, etc., must use only standard nomenclature in item 18. No symptoms will be listed.

MS
OCT 18 1960

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 *Glenn V. Hill*

Licensed Embalmer No. *4586*

P. O. Address *Kansas City, 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.