

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-033076

STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4558

FILED SEP 25 1961

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Lee, Summitt</u>	
Length of stay in lb <u>10 days</u> OR <u>years</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>Hiway, 10 &amp; Hook Rd</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Benjamin</u> Middle <u>F.</u> Last <u>Rice</u>			4. DATE OF DEATH Month <u>9</u> Day <u>8</u> Year <u>1961</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1/19/1892</u>	9. AGE (last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>1</u>	IF UNDER 24 HR Hours <u>1</u> Min. <u>31</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Florist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Florist</u>		11. BIRTHPLACE (City and state or country) <u>Kansas City, MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Rice</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Hedges</u>		14. NAME OF HUSBAND OR WIFE <u>Marjorie Rice</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>		17. INFORMANT Address <u>Mrs. Marjorie Rice, Lee Summitt, MO</u>			
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Acute heart failure due to</u>		<u>1 day</u>	
DUE TO (b) <u>Arteriosclerotic heart disease</u>		<u>1 yr.</u>	
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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>8</u> a.m. <u>29</u> Month, Day, Year <u>1961</u>		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 <u>8-29-1961</u> to <u>9-8-1961</u> and last saw him alive on <u>9-8-61</u> Death occurred at <u>11:50 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Clint I. Miller MD</u>		22b. ADDRESS <u>Lee Summitt</u>	
22c. DATE SIGNED <u>9-11-61</u>			

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9/11/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mount Olivet</u>	23d. LOCATION (City, town, or county) <u>Ravtown MO</u>
24. FUNERAL DIRECTOR ADDRESS <u>Mellodv, McGilley, Fvlar 1800, F. Linwood</u>		25. DATE RECD. BY LOCAL REG. <u>9-12-61</u>	26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>

DATE AMENDED

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

Clint I. Miller

MEDICAL CERTIFICATION

SHOULD READ

ITEM NO.

Dr. Chin  
Lee Su  
6150  
Be 1

**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 Samuel E. Backlund

Licensed Embalmer No. 4073  
P. O. Address H. C. Moore

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.