

**MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-61-041483**

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 554

AMENDED

**1. PLACE OF DEATH** NOV 28 1961  
 a. COUNTY **Jasper**  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Joplin** Length of stay in 1b \_\_\_\_\_  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **2209 Virginia Ave.** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **2209 Virginia Ave.** Reside on Farm Yes  No

**3. NAME OF DECEASED** (Type or print) First **BERT** Middle **MELVIN** Last **RICE**  
**4. DATE OF DEATH** Month **November** Day **21**, Year **1961**

**5. SEX** **M** **6. COLOR OR RACE** **W** **7. Married**  Never Married  Widowed  Divorced   
**8. DATE OF BIRTH** **12-20-1890** **9. AGE (last birthday)** **70** IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 24 HR Hours \_\_\_\_\_ Min. \_\_\_\_\_

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) **Retired - shoe salesman**  
**10b. KIND OF BUSINESS OR INDUSTRY** **Hueys Dept Store** **11. BIRTHPLACE** (City and state or country) **Marshfield, Mo.**  
**12. CITIZEN OF WHAT COUNTRY** **USA**

**13a. FATHER'S NAME** **Calvin Rice** **13b. MOTHER'S MAIDEN NAME** **Crawford** **14. NAME OF HUSBAND OR WIFE** **Edith O. Rice**

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) **No** (If yes, give war or dates of service) **17. INFORMANT** **Mrs. Edith O. Rice, 2209 Virginia Ave.** Address \_\_\_\_\_

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **Presumed to be caused by natural causes**  
 DUE TO (b) **Unknown** (Coroner notified would not sign.)  
 DUE TO (c) \_\_\_\_\_  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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.  Yes  No  Unknown

**19. WAS AUTOPSY PERFORMED?** YES  NO   
**20a. ACCIDENT**  **SUICIDE**  **HOMICIDE**   
**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.) \_\_\_\_\_

**20c. TIME OF INJURY** Hour \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. Month, Day, Year \_\_\_\_\_

**20d. INJURY OCCURRED WHILE AT WORK**  NOT WHILE AT WORK   
**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** **NO DR. IN ATTENDANCE.** to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
 Death occurred at **8 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** *Steve Parker* (Degree or title) **Registrar** **22b. ADDRESS** **City Hall, Joplin, Missouri** **22c. DATE SIGNED** **11-21-61**

**23a. BURIAL, CREMATION, REMOVAL** (Specify) **Burial** **23b. DATE** **11-24-61** **23c. NAME OF CEMETERY OR CREMATORY** **Mt. Hope** **23d. LOCATION** (City, town, or county) (State) **Webb City, Missouri**

**24. FUNERAL DIRECTOR** **STEVE PARKER MORTUARY, JOPLIN, MISSOURI** ADDRESS \_\_\_\_\_ **25. DATE RECD. BY LOCAL REG.** **11-24-1961** **26. REGISTRAR'S SIGNATURE** *Steve Parker*

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE REVISED

JUL 10 1962

**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 Harvey E. Aruse  
Licensed Embalmer No. 4463  
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.