

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **39850**

FILED DEC 28 1948  
Registration District No. **120**

Primary Registration District No. **2000**

Registrar's No. **1098**

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

1. PLACE OF DEATH:

(a) County **Greene**

(b) City or town **Springfield**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**O'Reilly VA Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **39 Days** (Specify whether  
In this community **31 Years** years, months or days)

3: (a) PRINT FULL NAME **Calvin H. Rice**

3. (b) If veteran, name war **Spanish American** 3. (c) Social Security No. **702-03-5635**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Married**

6. (b) Name of husband or wife **Elsie Rice** 6. (c) Age of husband or wife if alive **58** years

7. Birth date of deceased **February 18, 1881**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

**67 10 1** hr. min.

9. Birthplace **Ulysses Nebraska**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired from Railroad**

11. Industry or business

12. Name **Calvin M. Rice**

13. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)

14. Maiden name **Hattie Crist**

15. Birthplace **Iowa**  
(City, town, or county) (State or foreign country)

16. (a) Informant **VA Records**

(b) Address **Spfld, Mo**

17. (a) **Burial** (b) Date thereof **12/21/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **National Cem.**

18. (a) Signature of funeral director **H.H. Lohmeyer**

(b) Address **Springfield, Mo.**

19. (a) **12-21-48** (b) **W E Handley M.D.**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene** **39**

(c) City or town **Springfield**  
(If outside city or town limits, write "RURAL")

(d) Street No. **810 East Page** (If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **18**  
year **1948** hour **5** minute **20** P.M.

21. I hereby certify that I attended the deceased from  
**November 9, 1948** to **December 18, 1948**  
that I last saw him alive on **December 18, 1948**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerotic and coronary heart disease.** Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **Primary carcinoma, head of pancreas with metastases to liver.**

Major findings:  
Of operations \_\_\_\_\_

Of autopsy **As above.**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature **PAUL L. EISELE** (M. D. **MD**)

Address **O'Reilly VA Hospital** Date signed **12-20-48**

JAN 7 1949

MAR 23 1949

DEC 30 1948

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

Bert Lehman, Registered Apprentice No. 292  
working under my personal supervision.

Signed Walter E. Hamel

Licensed Embalmer No. 3808

P. O. Address Berford 76

**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.**