

FILED NOV 28 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37734

State File No. *5587*

BIRTH NO. _____		REG. DIST. NO. <i>157</i>		PRIMARY REG. DIST. NO. <i>4287</i>		Registrar's No. <i>209</i>		
1. PLACE OF DEATH a. COUNTY <b>Jasper</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Jasper</b>				
b. CITY (If outside corporate limits, write RURAL and give township) <b>Jasper</b>		c. LENGTH OF STAY (in this place) <b>70 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Jasper</b>				
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Joseph</b> b. (Middle) <b>Emmett</b> c. (Last) <b>Rice</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 15, 1949</b>					
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>10-17-1879</b>		
9. AGE (in years last birthday) <b>70</b>		IF UNDER 1 YEAR Months Days		IF UNDER 18 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Jasper Rice</b>			13b. MOTHER'S MAIDEN NAME <b>Sebassa Gode</b>			14. NAME OF HUSBAND OR WIFE <b>Lucy Lowe Rice</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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Harold Rice, Jasper, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia, bronchial</b>  ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Cerebral Hemorrhage with paralysis.</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b>  <b>35 days</b>  <b>8224</b>		
19a. DATE OF OPERATION <b>none</b>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Street</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Jasper Jasper Mo</b>				
21d. TIME OF INJURY (Month) (Day) (Year) <b>Oct 10 '49 5p</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>over turned car</b>		<b>44</b>		
22. I hereby certify that I attended the deceased from <b>Oct 11, 1949</b> , to <b>Nov 15, 1949</b> , that I last saw the deceased alive on <b>Nov 16, 1949</b> , and that death occurred at <b>11:05 A.M.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>George H. Wood M.D.</b>				23b. ADDRESS <b>Cartilage Mo.</b>		23c. DATE SIGNED <b>Nov 15 '49</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11-17-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Paradise Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Jasper, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>11-15-1949</b>		REGISTRAR'S SIGNATURE <b>L. B. Clinton</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Sharp &amp; Selvey</b>		ADDRESS <b>Jasper, Mo.</b>		

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

RECEIVED 11-22-49  
Casper County Health Office

County File Number 49-11-895

Date Filed 11-25-49

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~~

*Glen A Gibbons*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed *Glen A Gibbons*

Licensed Embalmer No. *4624*

P. O. Address *Jasper, 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.