

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007630

FILED VS FEB 25 1960

STATE FILE NUMBER

Registration District No. 280 Primary Registration District No. _____ Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Platte</u>			2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Platte</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Parkville</u>		Length of stay in 1b <u>3 yrs</u>	c. CITY OR TOWN <u>Parkville</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RFD. 1-Box 114</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>RFD 1 - Box 114</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Curtis</u> Middle _____ Last <u>Rice</u>			4. DATE OF DEATH Month <u>FEB</u> , Day <u>16</u> , Year <u>1960</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Indian</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>Nov 30 - 1909</u>	9. AGE (last birthday) <u>56</u>	IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>homes</u>	11. BIRTHPLACE (City and state or country) <u>Maize, Kan.</u>		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME <u>Joseph Rice</u>		13b. MOTHER'S MAIDEN NAME <u>Columbia Robbidox</u>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u> <u>No</u>		16. SOCIAL SECURITY NO. <u>444-14-4303</u>	17. INFORMANT <u>Robert Rice</u>		Address <u>R-1 Bx 114 Parkville, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>EPILEPTIC SEIZURE</u>					INTERVAL BETWEEN ONSET AND DEATH	
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)				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 checked="" 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 _____ a.m. _____ p.m. _____		Month, Day, Year				
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 _____ to _____ and last saw her/him alive on _____ Death occurred at <u>APPROX. 12:30 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <u>Leland M. Goffee, Coroner</u>			22b. ADDRESS <u>Platte City, Mo.</u>		22c. DATE SIGNED <u>2-16-60</u>	
23a. BURIAL, CREMATION, OR DISPOSAL (Specify)	23b. DATE <u>Feb 19 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Indian</u>		23d. LOCATION (City, town, or county) (State) <u>Rule, Neb.</u>		
24. FUNERAL DIRECTOR <u>Leland M. Francis</u>		ADDRESS <u>Parkville</u>	25. DATE RECD. BY LOCAL REG. <u>Feb. 16, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Alpha Rollins</u>		

DED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS FEB 24 1960

0961 92

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Leland H. Franco

Licensed Embalmer No. 3451
P. O. Address Parkville

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.