JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-029487

STATE FILE NUMBER

FILED VS SEP 13 1960

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 260

NDED

1. PLACE OF DEATH a. COUNTY Adair

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville — Length of stay in 1b 30 min.

c. CITY OR TOWN Novinger, Route 2 — Inside Limits Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Kirksville Oesteopathic — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 6 mi. West — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Olney Middle Kossuth Last Rice

4. DATE OF DEATH Month 9-3-60 Day Year

5. SEX Male

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 9-2-1880

9. AGE (last birthday) 80 — 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 coalminer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Kossuth Co. Iowa

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME David F. Rice

13b. MOTHER'S MAIDEN NAME unknown

14. NAME OF HUSBAND OR WIFE Florence Osborn Rice

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. 498-01-9430

17. INFORMANT Address Orval Rice, Novinger, MO. R. 2

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)	Internal Injuries	90 Min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Crushed Chest	90 Min.
DUE TO (c)	Auto Accident	

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.) One car attempted to pass another car, lights from an oncoming car blinded the driver causin him to hit the Hiway shoulder, car overturned and rolled down a bank into a lake.

20c. TIME OF INJURY Hour ~~a.m.~~ p.m. App. 10 Month, Day, Year 9/3/60

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.) Mo. # 6, ¼ mi. East

20f. CITY, TOWN, OR LOCATION COUNTY STATE of Novinger, Adair, Missouri

21. I attended the deceased from _____, to _____ and last saw him alive on _____

Death occurred at 11:30 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Nova E. Foster (Degree or title) Nova E. Foster, Coroner

22b. ADDRESS Kirksville, Adair, Mo.

22c. DATE SIGNED 9/4/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 9-7-1960

23c. NAME OF CEMETERY OR CREMATORY Novinger Cemetery

23d. LOCATION (City, town, or county) (State) Novinger, Mo.

24. FUNERAL DIRECTOR ADDRESS Dee Riley Funeral Home Inc 20 K Jackson Pres

25. DATE RECD. BY LOCAL REG. Sept. 5, 1960

26. REGISTRAR'S SIGNATURE Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

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 Kenneth E. Hayes

Licensed Embalmer No. 4890

P. O. Address Kirkwood, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.