

PRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-045855

FILED VS. JAN 3 1961

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 187

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Howell				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Arkansas b. COUNTY Baxter									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN West Plains		Length of stay in 1b DOA Hosp.		c. CITY OR TOWN Mountain Home		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION County Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Route 1		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Donald Middle Alfred Last Rice				4. DATE OF DEATH Month November Day 16 , Year 1960									
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Jan. 9, 37		9. AGE (last birthday) 23		IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>		IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver				10b. KIND OF BUSINESS OR INDUSTRY Transportation		11. BIRTHPLACE (City and state or country) Mountain Home, Ark.		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME W. O. Rice				13b. MOTHER'S MAIDEN NAME Lottie Strong				14. NAME OF HUSBAND OR WIFE None					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes				16. SOCIAL SECURITY NO.		17. INFORMANT Address W. O. Rice, Rt. 1, Mountain Home, Ark.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crooked chest. DUE TO (b) Accident 160 highway 1 mile east of Confield, Mo. DUE TO (c) east of Confield, Mo. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										INTERVAL BETWEEN ONSET AND DEATH 30 Min			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				20a. ACCIDENT <input checked="" 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 2:30		Hour 11-16-60 a.m. pm		20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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 _____ m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Tester Davis Sheriff acting Coroner						22b. ADDRESS P.O. Box 84 West Plains, Mo.				22c. DATE SIGNED 11-22-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 18, 1960		23c. NAME OF CEMETERY OR CREMATORY Rice Cemetery		23d. LOCATION (City, town, or county) (State) Baxter County, Ark.							
24. FUNERAL DIRECTOR ADDRESS Roller Funeral Home, Mtn. Home, Ark.				25. DATE RECD. BY LOCAL REG. 12-29-60		26. REGISTRAR'S SIGNATURE Beatrice Cook							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS JAN 4 1961

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 Jim F. McClure

Licensed Embalmer No. 5104

P. O. Address Mtn. Home, Ark

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.