

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-041392

STATE FILE NUMBER

Registration District No. 362 Primary Registration District No. 6234 Registrar's No. 57

FILED NOV 2 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 1090
2 7090
3
4 0
5 1
6
7 1
8 2
9 X
10
11 109
12 91-3
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Warren</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Warren</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Elkhorn Twsp</u>		Length of stay in 1b <u>10 Min</u>	c. CITY OR TOWN <u>Rt#3, Warrenton</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>7 Mi S.W. of Warrenton</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>12 Mi. S.W. of Warrenton</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Clarence William Rice</u>			4. DATE OF DEATH Month Day Year <u>Oct. 27- 62</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-21-23</u>
9. AGE (last birthday) <u>39</u>		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) <u>Crane Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Acme West Va.</u>	11. BIRTHPLACE (City and state or country) <u>U.S.A</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>		13. NAME OF HUSBAND OR WIFE <u>Margie Clark</u>	
13a. FATHER'S NAME <u>Massie Rice</u>		13b. MOTHER'S MAIDEN NAME <u>Mrytle McDaniel</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes War 11</u>		16. SOCIAL SECURITY NO. [Redacted]	
17. INFORMANT <u>Margie Rice, Warrenton Mo.</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Heart attack + shock</u> DUE TO (b) <u>Being Pinned under over</u> DUE TO (c) <u>Turned truck. Collision with another truck</u> 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH <u>Suble</u>
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.) <u>Overturning of truck due to collision with another truck</u>	
20c. TIME OF INJURY Hour Month Day Year a.m. <u>4:30</u> <u>10</u> <u>27</u> <u>62</u> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>State Highway</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Warrenton Warren Mo</u>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>4:30</u> <u>P</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>R.H. Krigger D.C. Coroner</u>		22b. ADDRESS <u>Warrenton Mo</u>	22c. DATE SIGNED <u>Oct 27-62</u>
23a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10-30-62</u>	23c. NAME OF CEMETERY OR GRANITORY <u>St. Patrick's</u>	23d. LOCATION (City, town, or county) (State) <u>Jonesburg Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>C.A. Harding Jonesburg, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>10-29-62</u>	26. REGISTRAR'S SIGNATURE <u>Floyd Logan</u>

USE BLACK INK OR TYPEWRITER RIBBON

NOV 2 1962
NOV 8 1962
NOV 27 1962
NOV 2 1962

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 _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Paul A. Harding

Licensed Embalmer No. 4115

P. O. Address Jonesburg 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.