

**Ozark Memorial Park Crematory**  
1747 Broadway, P.O. Box 182 Joplin, MO 64802-0182  
Phone: (417) 624-0184

**GENERAL PRICE LIST**  
Effective February 15, 2021  
(subject to change without notice)

The goods and services shown below are those we can provide to our customers. You may choose the items that you desire. ***However, any cremation arrangement that you select will include a charge for our basic services and overhead.*** If we require you to purchase any good or service that you did not specifically ask for; we will explain in writing the reason, whether legal or otherwise, on the statement of goods and services required by the Federal Trade Commission.

The following cremation packages include a discount when compared to our itemized services and goods. These packages include an alternative container. If you choose to purchase a casket or a different type of cremation container, the cost difference of that item will be added to the price of the package you choose. Any good or service that is either added or substituted to a package could result in an additional charge. No additional discount will be made from a cremation package because a service or good has been declined.

**Direct Cremation** (w/out ceremony)                      Itemized Price: \$1545                      Package Price \$995

Includes the basic services of funeral director, staff and overhead; removal and transportation of remains (within a 45-mile radius); sheltering and refrigeration of remains for up to 24 hours; an economy cremation container; a plastic urn, certified copy of death certificate, death notice in the Joplin Globe, and the crematory fee.

**Cremation Package** (w/ Interment)                      Itemized Price: \$2515                      Package Price: \$1640

Includes the basic services of funeral director, staff and overhead; removal and transportation of remains (within a 45-mile radius); sheltering and refrigeration of remains for up to 24 hours; an economy cremation container; a decorative urn; an urn vault, certified copy of death certificate, death notice in the Joplin Globe, the crematory fee, and use of staff interment service ( or urn committal).

\*Interment made to a previously purchased grave space or niche.

## Supplemental Goods and Services

Economy Cremation Container .....	\$125.00
Outer burial Containers, available from .....	\$395.00
Cremation urns available from .....	\$10.00
Oklahoma death .....	\$200.00
Saturday service charge for funeral service .....	\$250.00
Alternative container (box set) .....	\$295.00
Filling of cremation urns, jewelry, or other merchandise purchased elsewhere .....	\$25.00/item
Wood Urn .....	\$225.00
Brass Pewter Urn .....	\$230.00
Brass Classic Urn .....	\$230.00
Marble Imperial Urn .....	\$495.00
Marble Royal Urn .....	\$495.00
Superior Urn Vault .....	\$395.00

### Package Contents

#### Direct Cremation:

basic services of funeral director, staff and overhead .....	\$570.00
removal and transportation of remains (45-mile radius) .....	\$500.00
sheltering and refrigeration of remains for up to 24 hrs .....	\$75.00
an economy cremation container .....	\$125.00
a plastic urn .....	N/C
crematory fee .....	\$275.00

**\$1545.00**

#### Direct Cremation (with Interment)

basic services of funeral director, staff and overhead .....	\$570.00
removal and transportation of remains (45-mile radius) .....	\$500.00
sheltering and refrigeration of remains for u p to 24 hrs .....	\$75.00
an economy cremation container .....	\$125.00
a wood box Urn .....	\$225.00
a superior urn Vault .....	\$395.00
use of Staff for Urn Committal .....	\$350.00
crematory fee .....	\$275.00

**\$2515.00**

# Ozark Memorial Park Crematory Itemized Services and Goods

**Professional Services**

Basic Services of Funeral Director, Staff & Overhead ..... \$ 570.00  
 Our basic services charge includes the services of our staff to respond to initial request for service; the services relate to an arrangement conference with the family or contracting party; scheduling the cremation services and filing of necessary authorizations and permits; recording vital statistics; preparation and placement of death notices, and a portion of our overhead expenses such as accounting and billing, administrative staff, utilities, insurance and equipment expenses. (This charge is included in each cremation service we provide, and in each package we offer.)

Care & Refrigeration ..... \$75.00 (per day)  
 Use of refrigeration facility when cremation is delayed 8 hours or more from receipt of remains.

Viewing ..... \$125.00  
 Viewing by immediate family or contracting party.

Use of Staff for Memorial Service (church/chapel outside OMP) ..... \$895.00  
 Use of Staff for Interment Service ..... \$350.00  
 Use of Staff for Urn Committal. .... \$350.00

**Cremation Fees**

Expedited Cremation ..... \$795.00  
 (Service required within 48 hours or on weekend)

Crematory Fee ..... \$275.00  
 A charge for remains that weigh less than 400 pounds. Additional charges will apply for remains in excess of 400 pounds.

Cremation Observation (weekday) ..... \$125.00

Cremation Observation (weekend) ..... \$175.00

Scatter Fee (at Ozark Memorial Park scatter garden) ..... \$125.00

**Transportation**

Transfer of remains from residence/hospital. .... \$500.00

Delivery of cremains within 25 miles ..... N/C

Shipping of cremains by Federal Express/UPS ..... \$100.00

**Storage**

Daily storage of cremains ( commencing 10 days after cremation) ..... \$10.00

Refundable Cremains Deposit ..... \$100.00

This deposit will be returned to authorizing agent if such agent takes possession of the cremains within 30 days of the cremation. If the cremains remain unclaimed after 30 days, the deposit will be applied to the costs of publishing notice of our intent to scatter the cremains or to provide for other disposition of the cremains.

**OZARK MEMORIAL PARK CREMATORY**  
**CREMATION AUTHORIZATION**  
Certifications and Agreements

1. The information, statements and instructions set out on the front of this Cremation Authorization are complete and accurate.
2. I have the necessary authority under applicable Missouri law to direct the cremation of the Decedent's remains and the disposition of the Decedent's remains pursuant to the instructions set out in this Cremation Authorization.
3. Unless stated otherwise in Disclosure of Pacemaker or Radioactive Implants, I have no reason to believe the Decedent's body contains any implanted medical device.
4. I have communicated my Intent to direct the cremation of the Decedent's remains to any persons who are of a closer blood relation to the Decedent than myself.
5. I have no knowledge of any objection to the cremation of the Decedent's remains as the method for final disposition, or to my instructions for the delivery of Decedent's remains.
6. I authorize Ozark Memorial Park Crematory to take possession of the Decedent pursuant to the provisions set forth in this Cremation Authorization.
7. I am responsible for all charges and expenses incurred with respect to this Cremation Authorization.
8. I understand that cremation is accomplished by placing the Decedent's body in a casket or alternative container and introducing these into the crematory retort. The temperature in this retort is raised to the point of combustion. After approximately two hours, all substances are oxidized away with the exception of calcified bone fragments, and any metal which may be present. After a short cooling period, the cremated remains are brushed from the inside of the retort with a steel bristled broom. Any foreign matter is removed. The cremated remains are then processed to a power-sand like consistency. They are placed into either a temporary container, or a permanent cremation urn, and delivered to the person identified in this Cremation Authorization form. Due to the nature of the cremation process, any valuable material, including dental gold, will either be destroyed or not be recoverable. Anything other than the cremated remains will be destroyed by the Crematory. If the container or any portion thereof, is not suitable for cremation, Crematory may require the remains be removed to a suitable container. The cremated remains will include bone fragments that will be reduced in size and placed in an urn. In the likely event that the amount of cremated remains should exceed the capacity of the urn selected, Crematory is hereby authorized to return said excess cremated remains in a temporary container.
9. I indemnify and hold harmless the Crematory, and its members, representatives and employees from any liability, costs, expenses, or claims resulting from actions taken in reliance on this Cremation Authorization form.
10. Cremation will take place after any scheduled ceremonies or viewing have been completed, civil and medical authorities have issued all required permits, all necessary authorizations have been obtained, no objections have been raised, and at least 48 hours has passed since the medical examiners statement of time of death, provided the Crematory is authorized to perform the cremation according to its own time schedule, as work permits, without obtaining any further authorization or instructions.
11. If Decedent's remains are not claimed pursuant to the Declaration of Intent within 30 days of the cremation, Crematory is authorized to deliver Decedent's remains to me at the address set out above, by any method determined by Crematory to be reasonable. Upon release of Decedent's remains to the entity or person identified in the Declaration of Intent, or the deposit of Decedent's remains with registered postal service (or by an overnight delivery service), I hereby release Crematory from claims for damages. In the event Decedent's remains are not claimed, or can not be delivered to me, within 30 days from the date of cremation, the Crematory shall be authorized to either scatter the remains in Ozark Memorial Park Cemetery's scatter garden or to place the cremated remains in long term storage and I will be responsible for all charges incurred with regard to such storage and any eventual disposition of Decedent's remains pursuant to Missouri law.

## Service and Delivery Verification

The cremation process was initiated: Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_\_ AM PM

The cremation process was completed: Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_\_ AM PM

Cremains were released to: (Name), \_\_\_\_\_

Address of the delivery: \_\_\_\_\_

Date the Cremains were released: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of Receiving Party: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_

Delivered by: \_\_\_\_\_

If delivery of cremains by shipment, the delivery company and shipping/receipt number:

\_\_\_\_\_

If delivery of cremains by means other than an employee of a Missouri licensed funeral establishment, the name and means of delivery:

\_\_\_\_\_

\*Kansas funeral establishments must provide a copy of coroner's permit.

\*\*This certification is not required of a surviving spouse or a parent with custodial rights if the Decedent was a minor. In the absence of the appropriate written directive from the decedent, certain members of Decedent's family are afforded a priority to direct the disposition of Decedent's remains if the family member(s) assume responsibility of the disposition. If the person directing the cremation is not related by blood, or is a sibling or a more distant relative, notice must be given to any living parent, adult children, or siblings of the Decedent.

# OZARK MEMORIAL PARK CREMATORY CREMATION AUTHORIZATION

Name of Deceased: \_\_\_\_\_ (“Decedent”)

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of Death \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time of Death: \_\_\_\_\_ Age: \_\_\_\_\_

Deceased's Last Residence: \_\_\_\_\_

Location Where Death Occurred: \_\_\_\_\_

Deceased's Place of Birth: \_\_\_\_\_

Funeral Home\* delivering the remains: \_\_\_\_\_

Funeral Director (arranging): \_\_\_\_\_

Date and Place of the Funeral: \_\_\_\_\_

Person authorizing cremation: \_\_\_\_\_

Must be the same person who signs this form and made the arrangements with the funeral home or crematory)

Relationship to the Deceased: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## VIEWING

Yes  No Will the body be embalmed at time of delivery to the Crematory?

Yes  No Will there be a viewing at the Crematory?  
If yes, Date: \_\_\_\_\_ Time: \_\_\_\_\_

## INFECTIOUS DISEASE CONTROL

Yes  No Did the decedent have an infectious, contagious or communicable disease? If yes, please list below.

## PACEMAKERS AND RADIOACTIVE IMPLANTS

Mechanical, radioactive devices or implants in the Decedent create a hazardous condition when placed in a cremation chamber. All pacemakers must be removed by funeral home and radioactive implants must be removed by a physician prior to delivery of the decedent to the Crematory.

Yes  No Do the Decedent's remains contain any such devices?  
 Yes  No If yes, do you certify that these devices have been removed?  
 Yes  No Has the deceased been treated with therapeutic radionuclide?  
If yes, when was the treatment last administered? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## VALUABLES

- Yes  No State whether all valuables have been removed from Decedent's body, and if not, itemize the valuables to be returned to Funeral Home Staff Member delivering the body for cremation.  
If no, list valuables: \_\_\_\_\_

#### DECLARATION OF INTENT INTERMENT

- Yes  No Is the interment of the remains scheduled to be made at Ozark Memorial Park, and if not, designate the location of interment or scattering if known:  
\_\_\_\_\_

#### DELIVERY ARRANGEMENTS

The crematory is authorized to deliver the decedent remains in the following manner:

- Release to the funeral home set out above.  
 Release to the authorizing individual set out above.  
 Ship by Registered Postal Service/Federal Express to (full name, address, phone #):  
\_\_\_\_\_  
 Other \_\_\_\_\_

#### COMPLETE THIS SECTION IN ITS ENTIRETY

I hereby certify that the Decedent left the following surviving heirs at law:

Spouse  Yes  No Name: \_\_\_\_\_

Children  Yes  No How Many? \_\_\_\_\_ Names: \_\_\_\_\_

Parents  Yes  No How Many? \_\_\_\_\_ Names: \_\_\_\_\_

Siblings  Yes  No How Many? \_\_\_\_\_ Names: \_\_\_\_\_

Other: Names and Relationship: \_\_\_\_\_

Separate authorization(s), if necessary, shall be attached to, and considered part of, this form.

#### DISCLOSURES. WARRANTIES AND PERMISSIONS (INITIAL EACH)

X \_\_\_\_\_ I am aware of no objections to this cremation by any spouse, child, parent or sibling.

X \_\_\_\_\_ I certify that the deceased person named above has not given other specific directions concerning the disposal of his/her remains that conflict with cremation.

X \_\_\_\_\_ I the undersigned, hereby certify that I am the closest living next of kin of the Decedent as defined by RSMo Section 194.119. All other individuals comprising Decedent's closest next of kin have declined responsibility for the disposition of Decedent's remains and I have assumed such responsibility.

By signing this form, Authorizing Agent agrees and certifies to Ozark Memorial Park Crematory that the front of this form has been completed accurately and that he/she has read the Certifications and Agreements set out on Page 2.

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM PM

\_\_\_\_\_  
Signature of Authorizing Agent

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Witness Print Name

**See Reverse Following Pages for Certifications and Agreements**



**Ozark Memorial Park Crematory**  
Joplin, MO

Name \_\_\_\_\_

Informant's Address \_\_\_\_\_

Maiden Name \_\_\_\_\_

\_\_\_\_\_

Date of Death \_\_\_\_\_

Place of Death \_\_\_\_\_

Time of Death \_\_\_\_\_

\_\_\_\_\_

Social Security Number \_\_\_\_\_

County of Death \_\_\_\_\_

Age \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Education \_\_\_\_\_

Birthplace \_\_\_\_\_

Race \_\_\_\_\_

Decedent's Residence \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Occupation \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Decedent's County of Residence \_\_\_\_\_

Kind of Business / Industry \_\_\_\_\_

Inside City Limits? \_\_\_\_\_ Veteran \_\_\_\_\_

Doctor \_\_\_\_\_

Marital Status \_\_\_\_\_

# of Death Certificates \_\_\_\_\_

Spouse (Maiden Name) \_\_\_\_\_

Death Notice \_\_\_\_\_

Father \_\_\_\_\_

Additional Comments \_\_\_\_\_

Mother (Maiden) \_\_\_\_\_

\_\_\_\_\_

Informant \_\_\_\_\_

\_\_\_\_\_

Relationship to the Decedent \_\_\_\_\_

Informant's Phone \_\_\_\_\_

**CREMATION AGREEMENT  
OZARK MEMORIAL PARK CREMATORY**

1747 Broadway, Joplin, MO 64801

Phone: (417) 624-0184

\_\_\_\_\_  
Date of Death

\_\_\_\_\_  
Agreement Number

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
File on Number

Cremation Arrangements for: \_\_\_\_\_ (the "Beneficiary")

This Agreement is between the Purchaser(s) named below and Bentley Cemeteries, LLC, a Missouri Limited Liability Company doing business as Ozark Memorial Park Crematory ("Crematory"). Crematory agrees to provide services, merchandise and cash advances described on the Cremation Schedule (attached hereto) for the final arrangements of the Beneficiary. The Cremation Schedule, and the "Cremation Authorization" executed by Purchaser, are hereby incorporated and made a part of this Agreement.

Purchasers hereby approve the descriptions and purchase prices set out on the Cremation Schedule and agree that the Sales Price is as follows:

Cremation Schedule

**Total Contract Purchase Price** ..... \$ \_\_\_\_\_  
Credit ..... \$ \_\_\_\_\_  
Down Payment ..... \$ \_\_\_\_\_  
**BALANCE OWED** ..... \$ \_\_\_\_\_

Charges are only for those items that are used. If Crematory is required by law or by rule to use any items, Crematory will explain as follows:

\_\_\_\_\_ Crematory requires at least a minimum alternative container  
\_\_\_\_\_ Other: \_\_\_\_\_

Purchasers authorize Crematory to care for the decedent's body as described in the Cremation Schedule. Purchasers acknowledge that Crematory gave to them for retention Crematory's General Price list and that Crematory showed them Crematory's Um Price List.

Purchasers agree to pay the BALANCE OWED within 45 days after the date of this Agreement (the "Due Date"). Subsequent to the Due Date, Purchasers agree to pay a LATE CHARGE at the rate of .67% per month (8% ANNUAL PERCENTAGE RATE) for any part of the UNPAID

OWED that has not paid. If Purchasers don't pay Crematory as agreed, they agree to pay Crematory's costs of hiring a lawyer to collect the amount due, to the extent allowed by law. Purchaser's obligation to pay the BALANCE OWED, and any LATE CHARGES, is independent of, and in addition to, any liability of the decedent's probate estate, the Social Security Administration, or another person to pay some or all of such amounts. Crematory's filing or not filing a claim against the decedent's probate estate for some or all of the BALANCE OWED will not reduce or discharge Purchasers, obligation to pay the BALANCE OWED.

This Agreement is governed by Missouri law.

Do not sign this Agreement before you have read it or if the Agreement has any blank spaces. You are entitled to a copy of this signed contract, and should keep it to protect your legal rights. A Joint Purchaser who signs this contract shall be jointly and severally liable for all obligations of the Purchaser to pay the Purchase Price.

\_\_\_\_\_  
Purchaser's Signature

\_\_\_\_\_  
Joint-Purchaser's Signature

\_\_\_\_\_  
Purchaser's Name (PRINT)

\_\_\_\_\_  
Joint-Purchaser's Name (PRINT)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                      State      Zip Code

\_\_\_\_\_  
City                      State      Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Relationship to Decedent

\_\_\_\_\_  
Relationship to Decedent

Ozark memorial Park Crematory

\_\_\_\_\_  
By

\_\_\_\_\_  
FD License Number

\_\_\_\_ Cash w/in 45 Days      \_\_\_\_ MasterCard / Visa      \_\_\_\_ Veteran  
\_\_\_\_ Insurance Agreement      \_\_\_\_ Cemetery Property Owned      \_\_\_\_ Estate

# OZARK CREMATION SCHEDULE SCHEDULE OF CREMATION GOODS AND SERVICES

Contract No.

\_\_\_\_\_

## PROFESSIONAL SERVICES:

Basic Services of Funeral Director/Staff	\$ _____
Care & Refrigeration	\$ _____
Viewing	\$ _____
Use of Staff for:	
Memorial Service _____	\$ _____
Interment Service _____	\$ _____
Urn Committal _____	\$ _____
Graveside Service _____	\$ _____

## CREMATION FEES:

Expedited Services	\$ _____
Crematory Fee	\$ _____
Cremation Observation (weekday)	\$ _____
Cremation Observation (weekend)	\$ _____
Forwarding/ Receiving Remains	\$ _____
Scatter Fee	\$ _____

## TRANSPORTATION:

Removal/transfer from residence	\$ _____
Shipping cremains -FedEx/UPS	\$ _____

## STORAGE:

Daily Storage	\$ _____
Refundable Deposit	\$ _____

A. TOTAL SERVICES MERCHANDISE \$ \_\_\_\_\_

Cremation Container _____	\$ _____
Cremation Urn _____	\$ _____
Cremation Vault _____	\$ _____

## B. TOTAL MERCHANDISE PACKAGES

Direct Cremation _____	\$ _____
Cremation w/ Interment _____	\$ _____
Cremation w/ Grave _____	\$ _____
Cremation w/ Niche _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____

C. TOTAL PACKAGE \$ \_\_\_\_\_

## PURCHASE PRICE OF GUARANTEED SERVICES AND MERCHANDISE:

\$ \_\_\_\_\_

## C. NON-GUARANTEED ITEMS:

Additional Transportation	\$ _____
Flowers	\$ _____
Obituary Charges	\$ _____
Clergy Honorarium	\$ _____
Death Certificates	\$ _____
Music Honorarium	\$ _____
Cemetery Fees	\$ _____
Monument Dates	\$ _____

Sales Tax Estimate

## TOTAL FUNDS ALLOCATED TO NON-GUARANTEED ITEMS

\$ \_\_\_\_\_

## TOTAL CONTRACT PURCHASE PRICE

\$ \_\_\_\_\_

## CONTRACT SUMMARY AND PAYMENT SCHEDULE

Total Contract Purchase Price \$ \_\_\_\_\_

Credit \$ \_\_\_\_\_

Down Payment Amount \$ \_\_\_\_\_

Balance Due \$ \_\_\_\_\_

\_\_\_\_\_  
Purchaser Initials