No. 300
10.48

FILED JAN 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

311

State File No.

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 35

1. PLACE OF DEATH
a. COUNTY Buchanan 2303 messanie st
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Joseph MO
c. LENGTH OF STAY (In this place) 25 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2303 messanie st

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO
b. COUNTY Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Joseph
d. STREET ADDRESS (If rural, give location) 2303 messanie st

3. NAME OF DECEASED (Type or Print)
a. (First) JOHN b. (Middle) PRICE c. (Last)

4. DATE OF DEATH (Month) Jan (Day) 7 (Year) 1949

5. SEX male **6. COLOR OR RACE** negro **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Widowed **8. DATE OF BIRTH** Jan 4 1866 **9. AGE** (In years last birthday) 83 IF UNDER 1 YEAR: Months 0 Days 3 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter
10b. KIND OF BUSINESS OR INDUSTRY no
11. BIRTHPLACE (State or foreign country) St Joseph MO
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME unknown
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE Sally Price Dead

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 497-32-3353
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS Anna Wheeler 2303 Messanie st

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic Myocarditis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Hypertrophy of Prostate

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-2- *, 19*47*, to* 1-7- *, 19*49*, that I last saw the deceased alive on* 1-7- *, 19*49*, and that death occurred at* 10:45 p *m., from the causes and on the date stated above.*

23a. SIGNATURE E Hamden (Degree or title) MD.
23b. ADDRESS 311 Physician & Surgeons, St. Joseph, Mo
23c. DATE SIGNED 1-8-49

24a. BURIAL, ~~CREMATION~~, REMOVAL (Specify) mount mora
24b. DATE Jan 10 1949
24c. NAME OF CEMETERY OR CREMATORY mount mora
24d. LOCATION (City, town, or county) (State) st Joseph MO

DATE REC'D BY LOCAL REG. Jan 12, 1949
REGISTRAR'S SIGNATURE E. L. Jenkins
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Beatrice Gray 8 Pacific st

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Signed Earl A. Clark

Signed _____
Student Embalmer

Licensed Embalmer No. 1238

P. O. Address St Joseph 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 this body is not embalmed, fact should be so stated above.