

FILED MAY 9 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12250

BIRTH NO.		REG. DIST. NO. 144		PRIMARY REG. DIST. NO. 4234		Registrar's No. 20		
1. PLACE OF DEATH a. COUNTY Iron				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Madison				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ironton		c. LENGTH OF STAY (in this place) 5 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fredericktown				
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital				d. STREET ADDRESS (If rural, give location) S. Mincha Motte Ave.				
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) Catherine		c. (Last) Price		4. DATE OF DEATH (Month) (Day) (Year) 3-30-1949		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH 3/15/1876		
9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months 0		IF UNDER 24 HRS. Hours 15		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		
10b. KIND OF BUSINESS OR INDUSTRY Ladies wear		11. BIRTHPLACE (State or foreign country) Bollinger County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME William Christopher Storker		13b. MOTHER'S MAIDEN NAME Minerva E. Davis		14. NAME OF HUSBAND OR WIFE Thomas Price (deceased)				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Clyde Stevens. Address Fredericktown, Mo.				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute bilateral bronchial pneumonia ANECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) acute bronchial asthma DUE TO (c) myocarditis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. intestinal neoplasm (inoperable)					INTERVAL BETWEEN ONSET AND DEATH 3-29-49 ? ? ?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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) 241X				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 3-24, 1949, to 3-30, 1949, that I last saw the deceased alive on 3-30, 1949, and that death occurred at 10:22 P. m., from the causes and on the date stated above.								
23a. SIGNATURE R. E. Farland, M.D.		(Degree or title)		23b. ADDRESS 118 N. Main St. Ironton, Mo.		23c. DATE SIGNED 4-4-49.		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 4/2/1949		24c. NAME OF CEMETERY OR CREMATORY Rhodes Chapel Cemetery		24d. LOCATION (City, town, or county) (State) Madison County, Mo.		
DATE REC'D BY LOCAL REG. 4/26/49		REGISTRAR'S SIGNATURE Mrs. Aris Jones		25. FUNERAL DIRECTOR'S SIGNATURE 128 Wobb-Adamson		ADDRESS Fredericktown, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Health Officer No. 4  
File Number 549-  
Date Filed 5-7-49

SEP 22 1950

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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 Aljean Adams

Licensed Embalmer No. 4351

Signed \_\_\_\_\_  
Student Embalmer

P. O. Address Fredericktown, 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.