

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43900

State File No.

FILED JAN 17 1950

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 120

1. PLACE OF DEATH
a. COUNTY Newton

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Newton

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neosho

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neosho

d. FULL NAME OF HOSPITAL OR INSTITUTION 120 Spring Hill

d. STREET ADDRESS (If rural, give location) 120 Spring Hill

3. NAME OF DECEASED
a. (First) EMMA b. (Middle) York c. (Last) Price

4. DATE OF DEATH (Month) (Day) (Year) Dec. 29, 1949

5. SEX F

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W

8. DATE OF BIRTH JAN 5, 1863

9. AGE (In years last birthday) 86 if UNDER 1 YEAR Months 11 Days 24 if UNDER 24 HOURS 11 Mins. 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____

10b. KIND OF BUSINESS OR INDUSTRY Housewife

11. BIRTHPLACE (State or foreign country) Indianapolis - Ind.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JAMES YORK

13b. MOTHER'S MAIDEN NAME MARY MORTON

14. NAME OF HUSBAND OR WIFE H.C. Price

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. No

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edna Price Neosho, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion
ANTECEDENT CAUSES
DUE TO (b) unknown
DUE TO (c) _____
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH Dec 29-49

4201

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) _____

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 Dec 29, 1949, to Dec 29, 1949, that I last saw the deceased alive on Dec 29, 1949, and that death occurred at 10:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Melvin P. Bowman M.D.

23b. ADDRESS Neosho, Mo

23c. DATE SIGNED Jan 2-50

24a. BURIAL, CREMATION, REMOVAL (Specify) 11

24b. DATE 12-31-49

24c. NAME OF CEMETERY OR CREMATORY I.O.O.F.

24d. LOCATION (City, town, or county) (State) Neosho, Mo.

DATE REC'D BY LOCAL REG. Jan 2, 1950

REGISTRAR'S SIGNATURE Melvin P. Bowman

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cooley Thompson Neosho, Mo.

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

0732
1
3
3
2

RECEIVED

District Health Officer No. Newton Co. Health Dept
District File Number 150-18
Date Filed JAN 14 1950

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
Student Embalmer

Signed R. Kenneth Patterson

Licensed Embalmer No. 4697

P. O. Address Nesh, 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.