

FILED DEC 12 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **39497**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **240**

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Marshall, Mo.</b>		c. LENGTH OF STAY (in this place) <b>All her life</b> c. CITY (If outside corporate limits, write RURAL and give township) <b>Marshall</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>689 West Boyd</b>		d. STREET ADDRESS (If rural, give location) <b>689 West Boyd</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Hattie</b>		b. (Middle) <b>Bransom</b>	
c. (Last) <b>Price</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 3 1950</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 17-1882</b>
9. AGE (In years last birthday) <b>68</b>		IF UNDER 1 YEAR Months <b>3</b> Days <b>14</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (State or foreign country) <b>Marshall-Missouri</b>
13a. FATHER'S NAME <b>John Andrew Bransom</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Catherine Moss</b>	14. NAME OF HUSBAND OR WIFE <b>Robert H. Price</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Robert H. Price-Marshall, Missouri</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</b> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <b>4:200</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <b>Jan 1950</b> , to <b>Dec 1950</b> , that I last saw the deceased alive on <b>Dec 2, 1950</b> , and that death occurred at <b>6 A.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>James A. Reid</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Marshall Mo</b>	
23c. DATE SIGNED <b>12-4-50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12/4/50</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Ridge Park</b>		24d. LOCATION (City, town, or county) (State) <b>Marshall, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>Dec. 4-1950</b>		REGISTRAR'S SIGNATURE <b>C. Gray</b> 385	
25. FUNERAL DIRECTOR'S SIGNATURE <b>J. Leslie Perryman</b>		ADDRESS <b>Marshall, Mo.</b>	

0972/1

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

0972

RECEIVED 12-11-50

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 12-11-50

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 *J. Leslie Surrency*  
Licensed Embalmer No. 3235

P. O. Address *Marshall, Va*

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.