

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7811

FILED APR 9 1951

State File No. ....

**BIRTH NO.** \_\_\_\_\_ **REG. DIST. NO.** 62 **PRIMARY REG. DIST. NO.** 5241 **Registrar's No.** 9

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Cedar</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural MADISON</u> c. LENGTH OF STAY (If applicable) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural MADISON</u> <u>0200</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>		d. STREET ADDRESS (If rural, give location) <u>15 Mi S.E. of Stockton, Mo</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>EVERETT</u> b. (Middle) <u>ERNEST</u> c. (Last) <u>PRICE</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Mar. 29, 1951</u>	
<b>5. SEX</b> <u>Male</u> <u>0</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>April 28, 1905</u>
<b>9. AGE</b> (In years last birthday) <u>45</u>		<b>IF UNDER 1 YEAR</b> (Month) (Day) <u>11 1</u>	<b>IF UNDER 24 HRS.</b> (Hour) (Min.) _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Farming</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Cedar County</u> <u>0</u>
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>		<b>13a. FATHER'S NAME</b> <u>Sidney G. Price</u>	
<b>13b. MOTHER'S MAIDEN NAME</b> <u>Bertha Davis</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Mrs. Ruth Price</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. Ruth Price Fairplay, Mo</u>
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u> ANTECEDENT CAUSES <u>Malignant Hypertension</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>334X</u>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from</b> <u>3/26</u> , 19 <u>51</u> , to <u>3/30</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3/28</u> , 19 <u>51</u> , and that death occurred at <u>5P</u> m., from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> (Degree or title) <u>Boyle Meraw M.D.</u>		<b>23b. ADDRESS</b> <u>Bolivar Mo</u>	<b>23c. DATE SIGNED</b> <u>3/30/51</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>4/1/51</u>	<b>24c. NAME OF CEMETERY OR CREMATORIAL</b> <u>Shady Grove</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Dade County, Missouri</u>
<b>DATE REC'D BY LOCAL REG.</b> <u>3-31-1951</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Geneva Garrison</u> <u>54</u>	<b>EMERALD DIRECTOR'S SIGNATURE</b> <u>John A. Cantor</u> <u>Stockton, Mo.</u>	

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

200

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED APR 5 1951

Dist. File 457-713

Date Filed 4-5-51

APR 30 1951

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 \_\_\_\_\_

Richard W. Bandall

Student Embalmer No. 405-

working under my personal supervision.

Student Richard H. Bandall  
Student Embalmer

Signed John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Stuckton, 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.