No. 300
10-48

FILED JAN 24 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3792

BIRTH NO. _____ REG. DIST. NO. 370 PRIMARY REG. DIST. NO. 6254 Registrar's No. 3

110
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: WAYNE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): COLDWATER
c. LENGTH OF STAY (in this place): 14 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): COLDWATER, MO.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: WAYNE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): COLDWATER
d. STREET ADDRESS (If rural, give location): 1110 0

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

4. DATE OF DEATH (Month) (Day) (Year): JAN. 20, 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: March 25, 1869
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad ENGINEER
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): VIRGINIA
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JAKE PRICE
13b. MOTHER'S MAIDEN NAME: EMILE LOUCKS
14. NAME OF HUSBAND OR WIFE: ELIZA PRICE

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.: None
17. INFORMANT'S SIGNATURE OR NAME: ELIZA PRICE, COLDWATER, MO. ADDRESS

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

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) [illegible] Prostate [illegible] — INTERVAL BETWEEN ONSET AND DEATH: [illegible]

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
Carcinoma of Prostate gland
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: [illegible]

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 177X
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): Coldwater Wayne Mo
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* 1-10-, 1952 *to* 1-20-, 1952, *that I last saw the deceased alive on* 1-17-, 1952 *and that death occurred at* 12 [illegible] *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. E. [illegible] M.D.
23b. ADDRESS: Piedmont Mo
23c. DATE SIGNED: 1-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 1-23-52
24c. NAME OF CEMETERY OR CREMATORY: MOUNT LEBANY
24d. LOCATION (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: Jan 28 52
REGISTRAR'S SIGNATURE: Mabel Beasley 346
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Sam Dajun Jr., Fredericktown, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JAN 23 1952
WAYNE CO. HEALTH CENTER
FILE No. 152-14

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 Sam Rajin Jr

Licensed Embalmer No. 4299

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.