S. No. 300
. 10-48

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

FILED MAY 13 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15442

BIRTH NO. _____ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 6267 Registrar's No. 25

1. PLACE OF DEATH
a. COUNTY: Webster
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Jackson
c. LENGTH OF STAY (in this place): 62 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RFD#1 Elkland, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Webster
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Jackson
d. STREET ADDRESS (If rural, give location): R.F.D. #1 - Elkland, Mo.

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) H. c. (Last) Price

4. DATE OF DEATH (Month) (Day) (Year): May 4 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Jan. 17 - 1859
9. AGE (In years last birthday): 93 — IF UNDER 1 YEAR: Months 3 Days 17 — IF UNDER 24 HRS.: Hours Min.

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

13a. FATHER'S NAME: Linza Price
13b. MOTHER'S MAIDEN NAME: Mary Haymes
14. NAME OF HUSBAND OR WIFE: Deceased

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: Janie Dyche — ADDRESS: Springfield, 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): Arteriosclerosis, Generalized — INTERVAL BETWEEN ONSET AND DEATH: 16 yrs or over

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hemiplegia, Right — 16 yrs
DUE TO (c): Cerebral Vascular Accident — 16 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Prostatic Hypertrophy.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 352 X
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) 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* Sept., 1933, *to* May, 1952, *that I last saw the deceased alive on* about Mar., 1952, *and that death occurred at* 12:40 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C.R. Macdonnell M.D.
23b. ADDRESS: Marshfield, Mo.
23c. DATE SIGNED: 5/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7 May 1952
24c. NAME OF CEMETERY OR CREMATORY: St. Luke
24d. LOCATION (City, town, or county) (State): Webster Co. Mo.

DATE REC'D BY LOCAL REG.: 5/9/52
REGISTRAR'S SIGNATURE: J. L. Francis 392-0
25. FUNERAL DIRECTOR'S SIGNATURE: J. W. Klingner & Co. — ADDRESS: Springfield Mo.

(Licensed Embalmer's Statement on Reverse Side)

DEC 5 1946

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 Mrs Catherine Klingner

Licensed Embalmer No. 3719

P. O. Address Springfield M

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.