

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **20915**

No. 300  
10.48

**FILED JUN 20 1952**

BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>3127</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Webb City</u>		c. LENGTH OF STAY (In this place) <u>2 1/2 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Mt. Vernon</u>		<u>0550</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jane Chinn Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>615 S. McCanse</u>			
3. NAME OF DECEASED a. (First) <u>Harry</u> (Type or Print)			b. (Middle) <u>Douglas</u>		c. (Last) <u>Price</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 1, 1952</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 5-1891</u>	9. AGE (In years last birthday) <u>61</u>	10. UNDER 1 YEAR Days <u>10</u> Hours <u>27</u> Min. <u>32</u>	11. BIRTHPLACE (State or foreign country) <u>Joplin, Mo.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Accountant</u>		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>John J. Price</u>		13b. MOTHER'S MAIDEN NAME <u>Laura S. Pollock</u>		14. NAME OF HUSBAND OR WIFE <u>Emma Price</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W. # 1</u>		16. SOCIAL SECURITY NO. <u>Cannot find the card</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Emma Price 615 McCanse, Mt. Vernon, Mo.</u>			
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, athermia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>As Thoma - Pulmonary</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Right Cardiac Failure</u> DUE TO (c) <u>Cardiac Hypertrophy</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Renal Failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 yrs.</u> <u>2 1/2 yrs.</u> <u>24 hours.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <u>4343</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 <u>May 31, 1952</u> to <u>May 31, 1952</u> that I last saw the deceased alive on <u>May 31, 1952</u> and that death occurred at <u>11:09 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>David E. George D.O.</u>				23b. ADDRESS <u>Mt. Vernon Mo</u>		23c. DATE SIGNED <u>June 6 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 4-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mt. Vernon Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-10-'52</u>		REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer 4747 D</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Max L. Fossett Mt. Vernon Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED 6-16-52  
Jasper County Health Office

County File Number 52/6/464

Date Filed 6-17-52

JUN 21 1952

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 Max L Fossett

Licensed Embalmer No. 4252

P. O. Address McNemon, 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.