

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **30670**

FILED SEP 15 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 72

0051  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY OR TOWN <u>Monett</u>		c. CITY OR TOWN <u>Monett</u> <u>0051</u>	
c. LENGTH OF STAY (in this place) <u>years</u>		d. STREET ADDRESS (If rural, give location) <u>305 2nd St</u> <u>5</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>305 2nd St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Hanna</u> b. (Middle) <u>Jane</u> c. (Last) <u>Price</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 4 1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>Sept 1<sup>st</sup> 1864</u>	9. AGE (In years last birthday) <u>88</u>	10. UNDER 1 YEAR Months <u>3</u> Days <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Lanester Penn!</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Joseph Greene</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Thomas Rankin Deane</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Gene Osborne-Monett</u>	

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) <u>Acute Myocardial infarction 24 hrs</u>			INTERVAL BETWEEN ONSET AND DEATH <u>20 yrs</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive heart dis</u>			<u>20 yrs</u>
		DUE TO (c) <u>Hypertensive heart and vascular disease</u>			<u>20 yrs</u>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</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)		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 June 1, 1948 to Sept 4, 1952 that I last saw the deceased alive on Sept 3, 1952 and that death occurred at 4: A m., from the causes and on the date stated above.

23a. SIGNATURE <u>F. E. Lewis MD</u> (Degree or title)		23b. ADDRESS <u>Monett, Mo</u>		23c. DATE SIGNED <u>9-8-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-6-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellow cemetery</u>	
		24d. LOCATION (City, town, or county) (State) <u>Monett Lawrence Co Mo</u>			

DATE REC'D BY LOCAL REG. <u>Sept 9-1952</u>		REGISTRAR'S SIGNATURE <u>Charles W. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D. Buchanan Monett Mo</u>	
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**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. P. Buchanan

Licensed Embalmer No. 3149

P. O. Address Florida Ave

**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.