No. 300
10-48

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

FILED JAN 28 1953

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

State File No. 3624

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0052

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

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 1235 W. 64th Street

3858

**3. NAME OF DECEASED** (Type or Print)
a. (First): VIRGINIA
b. (Middle): Ogden
c. (Last): PRICE

**4. DATE OF DEATH** (Month) (Day) (Year): Jan. 2, 1953

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: July 7, 1898
**9. AGE** (In years last birthday): 54
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): At home
**10b. KIND OF BUSINESS OR INDUSTRY**: house wife
**11. BIRTHPLACE** (City and State or Foreign Country): Slaughtersville, Ky.
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Harry Ogden.
**13b. MOTHER'S MAIDEN NAME**: Lizette McCluskey.
**14. NAME OF HUSBAND OR WIFE**: Harry C. Price

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, No or unknown): N
(If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: none
**17. INFORMANT'S SIGNATURE OR NAME** / **ADDRESS**: Harry C. Price Jr. Kansas City, 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) Auricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 2 days
with cerebral embolism
ANTECEDENT CAUSES
*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.*

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**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?**

4331

**22.** I hereby certify that I attended the deceased from 12-31, 1952, to Jan 2, 1953, that I last saw the deceased alive on Jan 2, 1952, and that death occurred at 9:30 p m., from the causes and on the date stated above.

**23a. SIGNATURE**: Victor E. Scherman (Degree or title) M.D.
**23b. ADDRESS**: 3720 Washington Blvd
**23c. DATE SIGNED**: 1-3-53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): REMOVAL
**24b. DATE**: 1-3-1953
**24c. NAME OF CEMETERY OR CREMATORY**
**24d. LOCATION** (City, town, or county) (State): Kansas City, Missouri

DATE REC'D BY LOCAL REG.: JAN 5 1953
REGISTRAR'S SIGNATURE: J. Carl Smith MD
**25. FUNERAL DIRECTOR'S SIGNATURE** / **ADDRESS**: C.R. Lupton & Sons; 7233 Delmar Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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JAN 9 1959

JAN 7 1959

## 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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.