S. No. 300
v. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6631

FILED MAR 10 1953

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 44

0512 4

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

1. PLACE OF DEATH
a. COUNTY: JOHNSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WARRENSBURG
c. LENGTH OF STAY (in this place): 7 WEEKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NACE NURSING HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: LAFAYETTE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HIGGINSVILLE 0541
d. STREET ADDRESS (If rural, give location): 2107 SHELBY ST.

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

4. DATE OF DEATH (Month) (Day) (Year): FEB. 19 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: DEC. 3, 1882
9. AGE (In years last birthday): 70 — If under 1 year: Months 2, Days 16 — If under 24 hrs.: Hours 18, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARMER
11. BIRTHPLACE (State or foreign country): MISSOURI 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JOHN PRICE
13b. MOTHER'S MAIDEN NAME: FRANCES HAMPTON
14. NAME OF HUSBAND OR WIFE: BESS F. PRICE

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.: —
17. INFORMANT'S SIGNATURE OR NAME: BESS F. PRICE — ADDRESS: HIGGINSVILLE

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) (1) Bronchial Pneumonia Hypostatic — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) 491X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. (1) Chr. Valvular Disease

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): Warrensburg, Johnson, 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* Jan 30, 1953, *to* Feb 19, 1953, *that I last saw the deceased alive on* Feb 19, 1953 *and that death occurred at* 6:22 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G. W. Grove M.D.
23b. ADDRESS: Knob Noster, Mo
23c. DATE SIGNED: Feb 22 53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: FEB. 22, 1953
24c. NAME OF CEMETERY OR CREMATORY: CITY CEMETERY
24d. LOCATION (City, town, or county) (State): HIGGINSVILLE MISSOURI

DATE REC'D BY LOCAL REG.: Feb. 22, 1953
REGISTRAR'S SIGNATURE: Savannah Crutchfield 147-C
25. FUNERAL DIRECTOR'S SIGNATURE: G. Jackson Hader — ADDRESS: Higginsville

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
MAR 2 1955
JOHNSON COUNTY HEALTH DEPT.

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 Roy F. Wiegers
Licensed Embalmer No. 2883.
P. O. Address Higginsville 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.