

29658

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

No. 300

10.48

FILED SEP 14 1953

BIRTH NO. _____		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>4439</u>		Registrar's No. <u>228</u>	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clark</u>		c. LENGTH OF STAY (In this place) <u>16 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clark</u>		d. STREET ADDRESS (If rural, give location) <u>8880</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u>		b. (Middle) <u>William</u>		c. (Last) <u>Price</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9 1 53</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>8-21-1899</u>	
9. AGE (In years last birthday) <u>54</u>		10. UNDER 1 YEAR (Months) (Days) <u>0 11 0</u>		11. UNDER 1 MIN. (Hours) (Mins.) <u>0 0</u>		9. AGE (In years last birthday) <u>54</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rural Mail Carrier</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>R.U.S. Mail</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Butler, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				13a. FATHER'S NAME <u>Hennis Price</u>			
13b. MOTHER'S MAIDEN NAME <u>Henrietta Bollweg</u>				14. NAME OF HUSBAND OR WIFE <u>Stella Pearl Price</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS- <u>Stella Pearl Price, Clark, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sepsis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>24</u> hours	
*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.							
ANTECEDENT CAUSES							
DUE TO (b) <u>Pleural Empyema and Bronchopneumonia</u>							
DUE TO (c) <u>Lung Abscess of Unknown Cause</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 _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>521X</u>			
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 <u>July 1, 1952</u> , to <u>Sept 1, 1953</u> , that I last saw the deceased alive on <u>Sept 1, 1953</u> , and that death occurred at <u>11:20 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Henry J. Stewart 2 D.O.</u>				23b. ADDRESS <u>Sturgeon, Mo.</u>		23c. DATE SIGNED <u>9/4/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Sept 4, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Chapel Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Clark, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>9-4-53</u>		REGISTRAR'S SIGNATURE <u>Carroll</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>W. P. Meador</u>		ADDRESS <u>Sturgeon, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

880

SEP 14

SEP 14

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 Bill G. Meadows

Licensed Embalmer No. 4876

P. O. Address Sturgeon, Missoula

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.