

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30937

State File No. _____

FILED SEP 29 1953

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 4008 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY Andrew		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Andrew	
b. CITY OR TOWN Cosby		c. CITY OR TOWN Cosby	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home			

3. NAME OF DECEASED (Type or Print) Clarence			a. (First)			b. (Middle)			c. (Last) Price			4. DATE OF DEATH 9 9 53			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH August 17 1883			9. AGE (In years last birthday) 70		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) Farmer				10b. KIND OF BUSINESS OR INDUSTRY Farm				11. BIRTHPLACE (City and State or Foreign Country) Mo				12. CITIZEN OF WHAT COUNTRY? U.S.			

13a. FATHER'S NAME Thomas Price			13b. MOTHER'S MAIDEN NAME Evelyn Roach			14. NAME OF HUSBAND OR WIFE Effie Price		
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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. XXXXXX		17. INFORMANT'S SIGNATURE OR NAME Effie Price		ADDRESS Cosby Mo	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Hypostatic Pneumonia				7 days	
ANTECEDENT CAUSES		Myocardial Insufficiency				1 year	
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 <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from August, 1953, to Sept 9, 1953, that I last saw the deceased alive on Sept 9, 1953 and that death occurred at 6:30 am., from the causes and on the date stated above.

23a. SIGNATURE E. J. Denny		(Degree or title) MD		23b. ADDRESS Stewartsville, Mo		23c. DATE SIGNED 9-17-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Pernell		24b. DATE 9-12-53		24c. NAME OF CEMETERY OR CREMATORY Parnell		24d. LOCATION (City, town, or county) (State) Parnell Mo	
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DATE REC'D BY LOCAL REG. 9-28-53		REGISTRARS SIGNATURE Lillian Spinks		25. FUNERAL DIRECTOR'S SIGNATURE John Brown		ADDRESS Maysville Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

020
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STATEMENT BY LICENSED EMBALMER

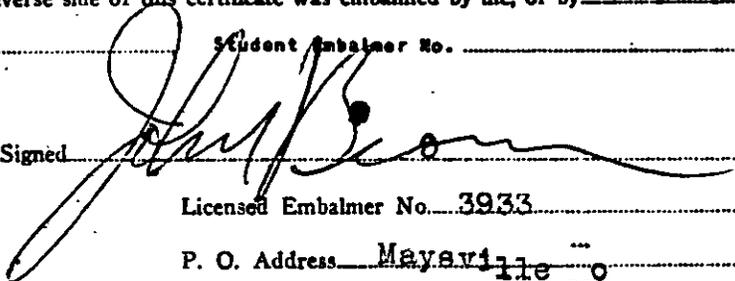
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 3933

P. O. Address Mayaville O

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.