

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **38328**
 Registrar's No. **1233**

FILED **DEC 7 1953**

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|---|-------------------------------|---|--|---|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 42 | | PRIMARY REG. DIST. NO. 1000 | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY Buchanan | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) St. Joseph | | c. LENGTH OF STAY (in this place) 5 days | | c. CITY (If outside corporate limits, write RURAL and give township) Barnard - rural | | 0740 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Methodist Hospital | | | | d. STREET ADDRESS (If rural, give location) 2 1/2 miles southwest | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) MC FARLAND | | b. (Middle) | | c. (Last) PRICE, DDS. | | 4. DATE OF DEATH (Month) (Day) (Year) 11 29 53 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH 11/29/1879 | | 9. AGE (In years last birthday) 74 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer - retired | | 10b. KIND OF BUSINESS OR INDUSTRY Own account | | 11. BIRTHPLACE (State or foreign country) Nodaway Co., Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME John Price | | | 13b. MOTHER'S MAIDEN NAME Josephine McFarland | | 14. NAME OF HUSBAND OR WIFE Pearl Wisdom Price | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. McF Price, Barnard, Missouri | | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Perforated Gastric ulcer ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) peritonitis general DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Myocardial Insufficiency & Aneurysm? | | | | INTERVAL BETWEEN ONSET AND DEATH 5 days | |
| 19a. DATE OF OPERATION 11-24-53 | | 19b. MAJOR FINDINGS OF OPERATION Perforated Gastric ulcer - closed 5401 | | | | 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 Nov 24, 1953 to Nov. 29, 1953 , that I last saw the deceased alive on Nov 29, 1953 , and that death occurred at 11:57 p.m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE J. P. Lenoir (Degree or title) M. D. | | | | 23b. ADDRESS St. Joseph, Missouri | | 23c. DATE SIGNED 12-1-53 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 24b. DATE 12/1/53 | | 24c. NAME OF CEMETERY OR CREMATORY Bolckow | | 24d. LOCATION (City, town, or county) (State) Bolckow, Missouri | |
| DATE REC'D BY LOCAL REG. Dec 1, 1953 | | REGISTRAR'S SIGNATURE Kathryn M. Allison | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, Mo. | | | |

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

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 John W. Price
Licensed Embalmer No. 4281

P. O. Address Maryville 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.