

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12202**

FILED APR 20 1954

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1525

3

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
I. M. Tillman

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. CITY OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 31 years		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2800 Prospect		STREET ADDRESS (If rural, give location) 2200 Olive 3228	
3. NAME OF DECEASED (Type or Print) a. (First) Daniel		b. (Middle) Webster	
c. (Last) Price		4. DATE OF DEATH (Month) (Day) (Year) 4 4 54	
5. SEX 2 Male		6. COLOR OR RACE Negro	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1		8. DATE OF BIRTH 10-13-96	
9. AGE (In years last birthday) 57		10. USUAL OCCUPATION (Give kind of work done during most of working life, and if retired)	
Sheetfield Steel		11. BIRTHPLACE (City and State or Foreign Country) CONWAY ARKANSAS	
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME Daniel Webster Price	
13b. MOTHER'S MAIDEN NAME EMMA CARNETT		14. NAME OF HUSBAND OR WIFE Catherine Price	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. World War 496-09-4652	
17. INFORMANT'S SIGNATURE OR NAME Louella Hubbard		ADDRESS 1912 E 17	
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH A	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES (b) Shock		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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 _____, 19____, to _____, 19____, that I last saw the deceased <input checked="" type="checkbox"/> alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE I. M. Tillman M.D. (Degree or title)		23b. ADDRESS 1618 Lydia W.B.	
23c. DATE SIGNED 4/6/54		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 4-8-54		24c. NAME OF CEMETERY OR CREMATORY Lincoln	
24d. LOCATION (City, town, or county) (State) Kansas City, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Ramsay-Williams	
DATE REC'D BY LOCAL REG. 4-7-54		REGISTRAR'S SIGNATURE Seraldine Smith	

H. C. M.

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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