

35862

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 22 1955

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>4</u>		PRIMARY REG. DIST. NO. <u>4014</u>		Registrar's No. <u>74</u>	
1. PLACE OF DEATH a. COUNTY <u>HITCHISON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>HITCHISON</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>FAIRFAX</u>		c. LENGTH OF STAY (in this place) <u>3 D</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>PIHELPS CITY</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FAIRFAX Com. Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>NONE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CORDIA</u>		b. (Middle) <u>OLY</u>		c. (Last) <u>PRICE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11 13 55</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>10-19-1883</u>	
9. AGE (In years last birthday) <u>72</u>		10. UNDER 1 YEAR Months <u>0</u>		10. UNDER 24 HRS. Hours <u>24</u>		11. BIRTHPLACE (State or foreign country) <u>TENN.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEKEEPER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>		11. BIRTHPLACE (State or foreign country) <u>TENN.</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>HENRY DAVIS</u>			13b. MOTHER'S MAIDEN NAME <u>MARY McNEESE</u>			14. NAME OF HUSBAND OR WIFE <u>HENRY PRICE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bud Price</u>		ADDRESS <u>Union, Mo</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Posterior Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>one week</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> <u>30 years</u> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>Sept 1953</u> , to <u>11-13, 1955</u> , that I last saw the deceased alive on <u>11-13, 1955</u> , and that death occurred at <u>8 P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wallace Carpenter M.D.</u>				23b. ADDRESS <u>Rock Port Mo</u>		23c. DATE SIGNED <u>11-15-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-16-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Puller Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Rock Port Mo</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 17, 1955</u>		REGISTRAR'S SIGNATURE <u>Narvon H. Wheeler</u>		443		25. FUNERAL DIRECTOR'S SIGNATURE <u>Burchlow Mortuary Missouri</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 Gatz Buchstam.....

Licensed Embalmer No. 3173.....

P. O. Address Rock Pt. N.J......

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.