

FILED MAY 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17491

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6070 Registrar's No. 185

1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) --a. STATE Mo. b. COUNTY St. Francois			
b. CITY (If outside corporate limits, write RURAL and give township) Rural-Liberty Twnsp		c. LENGTH OF STAY (in this place) 23 yrs.		c. CITY OR TOWN Rural-Liberty		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 00940	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Star Route, Mine La Motte				e. STREET ADDRESS (If rural, give location) Star Route, Mine La Motte, Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) William			b. (Middle) Roy		c. (Last) Price		4. DATE OF DEATH (Month) (Day) (Year) May 6, 1956
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 29, 1889		9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 6 Days 7	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 Farming		11. BIRTHPLACE (City and State or Foreign Country) Ste. Genevieve County, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Andrew Price			13b. MOTHER'S MAIDEN NAME Julia Ann Gray		14. NAME OF HUSBAND OR WIFE Alice Price		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Alice Price, Mine La Motte, Mo.			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension with general arterio sclerosis DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Had 2 previous stroke last 14 months						INTERVAL BETWEEN ONSET AND DEATH 2 weeks year 14 months
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X						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) (Min.)		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>March 19</u> , 19 <u>56</u> , to <u>May 6</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>May 3</u> , 19 <u>56</u> , and that death occurred at <u>1:20 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. Slaughter M.D.				23b. ADDRESS 135 W Main Fredericktown		23c. DATE SIGNED 4/11-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/8/56	24c. NAME OF CEMETERY OR CREMATORY Mine La Motte Cemetery		24d. LOCATION (City, town, or county), (State) Madison County, Mo.		
DATE REC'D BY LOCAL REG. May 11, 1956		REGISTRAR'S SIGNATURE Esther Rudloff		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Najim Funeral Home, Fredericktown, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

9-0

APR 22 1938

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 Charles Mcarty

Licensed Embalmer No. 488

P. O. Address Frederick

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.