THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED NOV 14 1956

35130 STATE FILE NUMBER

Registration District No. 301 Primary Registration District No. 4450 Registrar's No. 662

1. PLACE OF DEATH a. COUNTY Ripley.	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri. b. COUNTY Ripley.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Doniphan. Inside Limits Yes ☑ No ☐	c. CITY OR TOWN Doniphan. 8 10 0 Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Community Hospital. Length of stay in 1b 30 minutes.	d. STREET ADDRESS (If outside, give location) 501 Plum Street. Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Hattie Middle Cordelia Last Price.

4. DATE OF DEATH Month Day Year October 29, 1956.

5. SEX Female. 1

6. COLOR OR RACE White.

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH August 1, 1896.

9. AGE (In years last birthday) 60. IF UNDER 1 YEAR Months 2 Days 28 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework.

10b. KIND OF BUSINESS OR INDUSTRY Housewife.

11. BIRTHPLACE (City and state or country) Randolph Co. Arkansas. 1

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Tom Pierce.

14. MOTHER'S MAIDEN NAME Delpha Burnley.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) - - - - - - - -

16. SOCIAL SECURITY NO. None.

17. INFORMANT Address Rachel Ballard, Doniphan, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Myocardial Infarct.	20 minutes.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Coronary Thrombosis.	20 minutes.
DUE TO (c)	Arteriosclerotic Heart Disease.	1 year.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4200

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Dec 1955, to Oct 29, 1956 and last saw her ~~him~~ alive on 10/26/56

Death occurred at 8:15 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Frank C. Johnson M.D.

22b. ADDRESS Doniphan, Mo.

22c. DATE SIGNED 10/30/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial.

23b. DATE Oct. 31, 1956.

23c. NAME OF CEMETERY OR CREMATORY Doniphan Cemetery.

23d. LOCATION (City, town, or county) (State) Doniphan, Missouri.

24. FUNERAL DIRECTOR ADDRESS Ray Means Doniphan, Mo.

25. DATE RECD. BY LOCAL REG. 10-31-1956

26. REGISTRAR'S SIGNATURE C B Johnston

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes.

diseases in Part I must be casually related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed...Ray Meaner.....

Licensed Embalmer No..3.

P. O. Address Doniph

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