

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **600**

FILED JAN 18 1957

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

BIRTH NO. _____		REG. DIST. NO. 62		PRIMARY REG. DIST. NO. 5241		Registrar's No. 5	
1. PLACE OF DEATH a. COUNTY Cedar				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cedar			
b. CITY (If outside corporate limits, write RURAL and give town or town Madison Twp.)		c. LENGTH OF STAY (in this place) Life		c. CITY OR TOWN Madison Twp.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 9 Miles E. of Stockton				e. STREET ADDRESS (If rural, give location) 9 Miles E. of Stockton 2010			
3. NAME OF DECEASED (Type or Print) a. (First) LULA		b. (Middle) LEOMA		c. (Last) PRICE		4. DATE OF DEATH (Month) (Day) (Year) Jan. 5, 1957	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec. 1, 1889	
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months 1 Days 4		IF UNDER 24 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) Bear Creek, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Grant Taylor		13b. MOTHER'S MAIDEN NAME Sarah E. Harris		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John H. Price, Bear Creek, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Drowning					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 975X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE OR HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Madison Twp. Cedar Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan. 5, 1957 10 A.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Drowning in Farm Pond.			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:00 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) M.D. Swinn, Coroner				23b. ADDRESS 6000 S. Boardwalk, Springfield, Mo.		23c. DATE SIGNED 1-5-1957	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-8-1957		24c. NAME OF CEMETERY OR CREMATORY Lindley Prairie Cem.		24d. LOCATION (City, town, or county) (State) Cedar County, Mo.	
DATE REC'D BY LOCAL REG. 11-11-57		REGISTRAR'S SIGNATURE Geneva Harrison		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Caston Funeral Home, Stockton, Mo.			

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 *John A. Cantlow*

Licensed Embalmer No. *438*

P. O. Address *Stockton, Cal.*

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.