

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

32977

STATE FILE NUMBER

FILED SEP 25 1957

Registration District No. 277 Primary Registration District No. 441 Registrar's No. 46

300
 1-56

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. All

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | |
|--|-------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY Pike | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Pike | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bowling Green Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Bowling Green Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital give location) HOSPITAL OR INSTITUTION Home Length of stay in 1b | | d. STREET ADDRESS (If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) JOOVER First Cleveland Middle Price Last | | 4. DATE OF DEATH Sept. 16 1957 Month Sept Day 16 Year 1957 | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH JAN 3rd 1895 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retail Merchant | | 11. BIRTHPLACE (City and state or country) Pike Co. MO. | |
| 13. FATHER'S NAME Christopher C. Price | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) | | 14. MOTHER'S MAIDEN NAME BARBERA RANFLE | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Myocarditis | | 19. INTERVAL BETWEEN ONSET AND DEATH 5 years | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) 4222 | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____ | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 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 February 9-1957 to Sept. 15-1957 and last saw her him alive on Sept. 15-1957 Death occurred at 5: A. m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) James B. Brigg, M.D. | | 22b. ADDRESS Bowling Green, Mo. | |
| | | 22c. DATE SIGNED Sept. 17-1957 | |
| 23a. BURIAL, CREMATION, OR REMOVAL (Specify) | | 23b. DATE Sept. 18 1957 | |
| 23c. NAME OF CEMETERY OR CREMATORY Bowling Green | | 23d. LOCATION (City, town, or county) (State) Bowling Green MO. | |
| 24. FUNERAL DIRECTOR PAACE Bankhead ADDRESS Bowling Green Mo | | 25. DATE RECD. BY LOCAL REG. 9-20-57 | |
| | | 26. REGISTRAR'S SIGNATURE Bill Robinson | |

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 *Harold C. Kirk*.....

Licensed Embalmer No. *45*.....

P. O. Address *Bowling*.....

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.