

FILED OCT 28 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36731
STATE FILE NUMBER
Registrar's No. 71

Registration District No. 236 Primary Registration District No. 5818

5. 300
1. -57

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Moreau</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Barnett</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>6 M. C. Barnett</u>		Length of stay in 1b <u>Lifetime</u>	d. STREET ADDRESS (If outside, give location) <u>6 Mile East Barnett</u>

3. NAME OF DECEASED (Type or print) First <u>Sallie</u> Middle <u>Jene</u> Last <u>Price</u>			4. DATE OF DEATH Month <u>Oct.</u> Day <u>13</u> Year <u>1957</u>		
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Apr. 25, 1879</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>Morgan Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Newton Madole</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Jones</u>	14. NAME OF HUSBAND OR WIFE <u>Horace Price</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT Address <u>Thornton Price Barnett, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Oct 1-57</u> <u>unknown</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Arterial Sclerosis</u>	
	DUE TO (c) <u>331X</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 <u>Morgan</u>	COUNTY <u>Mo</u>	STATE
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21. I attended the deceased from <u>Oct 1-57</u> to <u>Oct 13-57</u> and last saw her alive on <u>Oct 10-57</u> Death occurred at <u>8-30-</u> <u>A</u> m. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>A. Gunn MD</u> (Degree or title)	22b. ADDRESS <u>Versailles Mo</u>	22c. DATE SIGNED <u>Oct 14-57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>15 Oct. 57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Big Rock Cemetery</u>	23d. LOCATION (City, town, or county) <u>Morgan Co., Mo.</u>
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24. FUNERAL DIRECTOR <u>W. C. Kidwell</u>	ADDRESS <u>Versailles, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>10-18-57</u>	26. REGISTRAR'S SIGNATURE <u>J. S. [Signature]</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 Raymond C. Fordee

Licensed Embalmer No. 4626

P. O. Address Verona, Mo.

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.