

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10030-58 58-006514

STATE FILE NUMBER

FILED FEB 18 1958

Registration District No. 217 Primary Registration District No. 5787 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Mississippi				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Miss.					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Charleston		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Charleston		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Route 2			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) Route 2			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First L. Middle C. Last Price				4. DATE OF DEATH Month Feb. Day 9 Year 1958					
5. SEX Male		6. COLOR OR RACE Col.		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb. 9, 1958		9. AGE (In years last birthday) IF UNDER 1 YEAR OF UNDER 24 HRS. Months 1 Days 1 Hours 1 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				100. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Charleston, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME J. C. Price				14. MOTHER'S MAIDEN NAME Elizabeth Beckett					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT J. C. Price, R. 2, Box 387, Charleston, Mo.			Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Aspiration Anesthetic Fluid								INTERVAL BETWEEN ONSET AND DEATH 10-15 min	
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 (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.) 7620						
20c. TIME OF INJURY Hour 10:30 Month 1 Day 10 Year 1958 a. m. A. p. m.									
20d. INJURY OCCURRED WHILE AT WORK <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 Charleston, Missouri				
21. I attended the deceased from February 9, 1958 , to February 9, 1958 and last saw ^{him} alive on February 9, 1958 Death occurred at 10:30 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE L. P. Sparka (Degree or title)				22b. ADDRESS Charleston, Mo.				22c. DATE SIGNED 2/10/58	
23a. BURIAL CREMATION, REMOVAL (Specify) Burial		23b. DATE Feb. 10, 1958		23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery			23d. LOCATION (City, town, or county) (State) Charleston, Missouri		
24. FUNERAL DIRECTOR L. P. Sparka ADDRESS Charleston, Mo.				25. DATE RECD. BY LOCAL REG. 2-14-58		26. REGISTRAR'S SIGNATURE Donathy B. Haddon			

(Licensed Embolmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

RECEIVED
Miss. Co. Health Dept
County File No.
Date Filed 2/17/58

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by, Student Embalmer No.
working under my personal supervision.. This body was not embalmed.

Student
Signature of Student Embalmer

Signed *Edward A. Puffin*

Licensed Embalmer No. 50
2501 Po
P. O. Address Cairo,

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.