t. Health,
& Welfare
S. Public
th Service

S. 300
v. 1-57

551
1

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-014848
STATE FILE NUMBER

FILED MAY 5 1958 Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 47

1. PLACE OF DEATH
a. COUNTY Lawrence
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Aurora — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 127 E. St. Louis — Length of stay in 1b years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lawrence
c. CITY OR TOWN Aurora 0551 0 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 127 E. St. Louis — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First EDWARD Middle COLUMBUS Last PRICE

4. DATE OF DEATH Month April Day 26, Year 1958

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH May 1, 1879
9. AGE (In years last birthday) 78 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Yardman
10b. KIND OF BUSINESS OR INDUSTRY Lumber Yard
11. BIRTHPLACE (City and state or country) Billings, Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Wison Price
13b. MOTHER'S MAIDEN NAME Margaret Bogle
14. NAME OF HUSBAND OR WIFE Dora Price

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. 486-03-6957
17. INFORMANT Dora Price Address Aurora, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchopneumonia, Bilateral — INTERVAL BETWEEN ONSET AND DEATH 3 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 491X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized Arteriosclerosis
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

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 April 1, 1958, to April 26, 1958 and last saw ~~her~~ him alive on April 26, 1958
Death occurred at 4:10 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Kenneth L. Kelsey M.D. 0
22b. ADDRESS Aurora, Mo.
22c. DATE SIGNED 4/26/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4/29/58
23c. NAME OF CEMETERY OR CREMATORY Maple Park Cemetery
23d. LOCATION (City, town, or county) (State) Aurora, Missouri

24. FUNERAL DIRECTOR Arnold's Funeral Home: ADDRESS Aurora, Mo.
25. DATE RECD. BY LOCAL REG. 4/26/58
26. REGISTRAR'S SIGNATURE Ora McNett

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

MAY 26 1968

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 Lewis R. Arnold

Licensed Embalmer No. 4929

P. O. Address Auburn, Me

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.