

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-000677

STATE FILE NUMBER

FILED VS. JAN 3 0 1961 74

Primary Registration District No. 5293 Registrar's No. 51

AMENDED  
 DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF  
 TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Clinton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Clinton</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Atchison Twp.</b>		c. CITY OR TOWN <b>Gower</b>	
Length of stay in 1b <b>7 yrs.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>6 mi. south Gower on 169</b>		d. STREET ADDRESS (If outside, give location) <b>6 mi. south Gower on Hwy 169</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Gladys Catherine Price</b>		4. DATE OF DEATH Month Day Year <b>Jan. 26 1961</b>	
5. SEX <b>Female</b>	6. COLOR OF RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan 27, 1906</b>
9. AGE (last birthday) <b>54</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home maker</b>	11. BIRTHPLACE (City and state of country) <b>Kansas City Mo.</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>Eyrus Elias Snyder</b>	
13b. MOTHER'S MAIDEN NAME <b>Emma Hicks</b>		14. NAME OF HUSBAND OR WIFE <b>Vernal Russell Price</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>1</b>	
17. INFORMANT <b>Vernal R Price Gower mo.</b>		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) <b>Metastatic adenocarcinoma</b> DUE TO (b) <b>Primary adenocarcinoma colon</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <b>6 mos.</b> <b>2 yrs.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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	COUNTY STATE
21. I attended the deceased from <b>1956</b> to <b>Jan 26, 1961</b> and last saw her alive on <b>Jan. 23, 1961</b>		Death occurred at <b>12:55 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>P Luckenbill MD</b>		22b. ADDRESS <b>Plattsburg, Mo.</b>	22c. DATE SIGNED <b>1-27-61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Jan 29, 1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Grayson Cemetery</b>	23d. LOCATION (City, town, county) (State) <b>Clinton County Mo.</b>
24. FUNERAL DIRECTOR <b>Clarence E. Hixson Gower</b>		25. DATE RECD. BY LOCAL REG. <b>1-27-1961</b>	26. REGISTRAR'S SIGNATURE <b>Mary W. Scarce</b>

1961 JAN 8 1 1961 SA

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 Clarence E. Hinson, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Clarence E. Hinson

Licensed Embalmer No. 5723

P. O. Address Lawyer, 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.