

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

95-61-030190
STATE FILE NUMBER

AMENDED

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 95

FILED SEP 11 1961

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Oklahoma</u> b. COUNTY	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Neosho.</u>		Length of stay in 1b <u>1 1/2 hrs.</u>	c. CITY OR TOWN <u>Big Cabin</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Sales-Memorial-Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u></u>
		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Ezzie</u> Middle <u>Price</u> Last <u>Price</u>			4. DATE OF DEATH Month <u>Sept.</u> Day <u>1</u> Year <u>1961</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 24-96</u>	9. AGE (last birthday) <u>64</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-wite</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (City and state or country) <u>Royal ARKANSAS</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Owen W. Fisher</u>		13b. MOTHER'S MAIDEN NAME <u>McCasslin</u>		14. NAME OF HUSBAND OR WIFE <u>CONNAT. Price</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>un-known</u>		17. INFORMANT <u>Johnny Coyart Little Rock Ark</u>	
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>ACUTE BRAIN INJURY</u>					
DUE TO (b) <u>CONTUSION SKULL</u>					
DUE TO (c) <u></u>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>BASAL SKULL FRACTURE - FRACTURE R. HUMERUS</u>					
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 checked="" 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.) <u>THROWN FROM CAR IN CAR WRECK-COLLESSION</u>	
20c. TIME OF INJURY Hour <u>7:30+</u> a.m. p.m. <u>SEPT 1 1961</u>					

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HWY 60 BYPASS NEOSHO</u>		20f. CITY, TOWN, OR LOCATION <u>NEWTON</u>	
				COUNTY <u>MO.</u> STATE <u>MO.</u>	
21. I attended the deceased from <u>1 SEPT 1961</u> to <u>1 SEPT 1961</u> and last saw her/him alive on <u>1 SEPT 1961</u> Death occurred at <u>9:30 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE <u>R. D. Dwyer MD</u> (Degree or title)		22b. ADDRESS <u>Neosho Mo</u>		22c. DATE SIGNED <u>5 Sept 1961</u> (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>Sept. 8-1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Hot Springs ARKANSAS.</u>	
24. FUNERAL DIRECTOR <u>McQueen Funeral Home, Wheaton Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9-8-61</u>		26. REGISTRAR'S SIGNATURE <u>Melvin C. Bayman MD</u> <u>by N. Belka</u>	

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

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 Paul D. Henbest

Licensed Embalmer No. 4576

P. O. Address Cassville 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.