MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-033667
STATE FILE NUMBER

AMENDED

Registration District No. 236 Primary Registration District No. 5818 Registrar's No. 45

FILED SEP 22 1961

1. PLACE OF DEATH
a. COUNTY Morgan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Moreau — Length of stay in 1b: 1 hour
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 miles north Barnett, Mo — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Wyandotte
c. CITY OR TOWN Kansas City, Kansas — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1523 north sixthieth — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Donald Middle Delaine Last Price
4. DATE OF DEATH: Month Sept. Day 17 Year 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9/18/36
9. AGE (last birthday): 23 ~~24~~ — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): warehouseman
10b. KIND OF BUSINESS OR INDUSTRY: Plumbing & Heating
11. BIRTHPLACE (City and state or country): Newton, Kansas
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Donald French Price
13b. MOTHER'S MAIDEN NAME: Freida Augusta Kluge
14. NAME OF HUSBAND OR WIFE: Judith Price
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): 1959
16. SOCIAL SECURITY NO.
17. INFORMANT: Judith Price Address: Kansas City, Kansas

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) Massive Skull frantture — INTERVAL BETWEEN ONSET AND DEATH: seconds
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Airplane crash
DUE TO (c)
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Airplane crash
20c. TIME OF INJURY Hour 2:35 a.m. p.m. Month, Day, Year 9/17/61 — Airplane crash
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.) farm
20f. CITY, TOWN, OR LOCATION Barnett COUNTY Morgan STATE Missouri
21. I attended the deceased from ####### to ____ and last saw her/him alive on #####
Death occurred at 2:35 P m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE James R. Scrivner (Degree or title) Coroner
22b. ADDRESS Versailles, Mo.
22c. DATE SIGNED 9/20/61
23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 9/22/61
23c. NAME OF CEMETERY OR CREMATORY Stover cemetery
23d. LOCATION (City, town, or county) (State) Stover, Mo.
24. FUNERAL DIRECTOR Scrivner-Stevinson ADDRESS Stover, Mo.
25. DATE RECD. BY LOCAL REG. 9-21-61
26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | DOCUMENT
ITEM NO. | SHOULD READ | BY AFFIDAVIT OF

US FEB 26 1962

SEP 29 1961

FEB 5 1962

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 James R. Scruggs

Licensed Embalmer No. 4880

P. O. Address Versailles, 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.