

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023970

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 894 B STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

**FILED JUN 20 1963**

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS (INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		Length of stay in 1b <u>1 Hour</u>	c. CITY OR TOWN <u>Bolivar, Mo.</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Baptist Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>East Star Route</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Blanche Ethel Price</u>		4. DATE OF DEATH Month Day Year <u>June 8 1963</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>July 17, 1903</u>
9. AGE (last birthday) <u>59</u>		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) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>Polk County</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13. FATHER'S NAME <u>Robert Hardin Sheeks</u>	
14. MOTHER'S MAIDEN NAME <u>Mary Elizabeth George Sherman Price</u>		15. NAME OF HUSBAND OR WIFE <u>Sherman Price</u>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>No</u>		17. SOCIAL SECURITY NO. <u>21</u>	18. INFORMANT Address <u>Sherman Price Bolivar, Mo.</u>
19. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Artery Thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>12 hr.</u>
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)			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
20. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	21. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	22. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
23. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	24. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
25. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		26. CITY, TOWN, OR LOCATION	COUNTY STATE
27. I attended the deceased from <u>6/8/63</u> to <u>6/8/63</u> and last saw her/him alive on <u>6/8/63</u> Death occurred at <u>11:30 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		28. SIGNATURE (Degree or title) <u>T. E. Cochran M.D.</u>	
29. ADDRESS <u>Springfield Mo</u>		30. DATE SIGNED <u>6/11/63</u>	
31. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	32. DATE <u>6/11/63</u>	33. NAME OF CEMETERY OR CREMATORY <u>Humansville Cemetery</u>	34. LOCATION (City, town, or county) (State) <u>Humansville, Mo.</u>
35. FUNERAL DIRECTOR <u>Paul D. Butler</u>	36. ADDRESS <u>Bolivar, Mo.</u>	37. DATE RECD. BY LOCAL REG. <u>6-17-63</u>	38. REGISTRAR'S SIGNATURE <u>Effie S. Mellon</u>

T.E. COCHRAN  
USE BLACK INK  
OR  
TYPEWRITER RIBBON

04100-102

JUN 24 1963

6-8-63

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 Butler

Licensed Embalmer No. 4471

P. O. Address Bolivar, 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.