

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-043251

Registration District No. 72 Primary Registration District No. 4134 Registrar's No. 250 STATE FILE NUMBER

FILED DEC 2 1963						
1. PLACE OF DEATH						
a. COUNTY <u>Clay</u>						
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Smithville</u> Length of stay in 1b <u>4 Yrs.</u>						
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)						
a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>						
c. CITY OR TOWN <u>Smithville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
d. STREET ADDRESS (if outside, give location) <u>None</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED			4. DATE OF DEATH			
First <u>Ona</u> Middle <u>Alice</u> Last <u>Price</u>			Month <u>Nov.</u> Day <u>21</u> Year <u>1963</u>			
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>Wh</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-2-76</u>	9. AGE (last birthday) <u>87</u>	IF UNDER 1 YEAR	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>At Home</u>	11. BIRTHPLACE (City and state or country) <u>Platte Co., Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>Wesley Lefray</u>		13b. MOTHER'S MAIDEN NAME <u>Sophia Bain</u>		14. NAME OF HUSBAND OR WIFE <u>Francis M. Price</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes/No, or unknown) (If yes, give war or dates of serv) <u>No</u>		16. SOCIAL SECURITY NO. <u>[redacted]</u>		17. INFORMANT <u>Francis Price Smithville, Mo.</u> Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Gastroenteritis due to Viral Infection</u>					<u>36 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) <u>General Arteriosclerosis, Advanced</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 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 checked="" 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 <u>1960</u> to <u>11-21-63</u> and last saw her ^{him} alive on <u>11-21-63</u> . Death occurred at <u>(estimate) 4:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <u>[Signature]</u> (Degree or title)			22b. ADDRESS <u>Smithville, Mo</u>		22c. DATE SIGNED <u>11-23-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11-23-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>		23d. LOCATION (City, town, or county) <u>Smithville, Missouri</u> (State)		
24. FUNERAL DIRECTOR <u>McComas Funeral Home Smithville, Mo.</u> ADDRESS			25. DATE RECD. BY LOCAL REG. <u>11-23-63</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>		

DO NOT WRITE ON THIS STUB

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

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

Donald W. Hanks

Licensed Embalmer No. 4528

P. O. Address Smithville, 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.