

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006846
State File No.

FILED MAR 5 - 1958

BIRTH NO. _____ REG. DIST. NO. 296 PRIMARY REG. DIST. NO. 6018 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural, Fishing River)		c. LENGTH OF STAY (in this place) 29 yrs	c. CITY OR TOWN Excelsior Springs
d. FULL NAME OF HOSPITAL OR INSTITUTION 5 Miles South East Ex. Spgs		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS Rural Route 2		0890	

3. NAME OF DECEASED (Type or Print)	a. (First) Joseph	b. (Middle) Dewey	c. (Last) Price	4. DATE OF DEATH (Month) (Day) (Year) Feb. 26, 1958
-------------------------------------	--------------------------	--------------------------	------------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 10, 1898	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months 9 Days 16	IF UNDER 24 HRS. Hours 16 Min.
--------------------	-------------------------------	---	--------------------------------------	---	--	---------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Iron Worker	10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and State or Foreign Country) Sumner, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	---	---	--

13a. FATHER'S NAME Leslie Price	13b. MOTHER'S MAIDEN NAME Lillie Morris	14. NAME OF HUSBAND OR WIFE Goldie O'Dell Price
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 491-01-8940	17. INFORMANT'S SIGNATURE OR NAME Mrs. Goldie Price, RR 2, Ex Spgs. MO	ADDRESS
---	--	---	---------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary emphysema, chronic		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES		
	MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 5271	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from Sept. 1951, to Feb 26, 1958, that I last saw the deceased alive on Feb 25, 1958, and that death occurred at 6:25 a.m., from the causes and on the date stated above.

23a. SIGNATURE Seay E. Lankford M.D.	(Degree or title) M.D.	23b. ADDRESS Excelsior Springs, Mo.	23c. DATE SIGNED 2-27-58
---	-------------------------------	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 28, 1958	24c. NAME OF CEMETERY OR CREMATORY Old New Garden Cemetery, Ray County, MO.	24d. LOCATION (City, town, or county) (State)
---	--------------------------------	--	---

DATE REC'D BY LOCAL REG. 2-28-58	REGISTRAR'S SIGNATURE Helen J. Larkin	25. FUNERAL DIRECTOR'S SIGNATURE Hope Funeral Home, Ex. Spgs	ADDRESS Virgil Stape
---	--	---	-----------------------------

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Chas Virgil Hope*.....

Licensed Embalmer No *3950*

P. O. Address *Exelsior, Minn.*

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.