

FILED MAY 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13118

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 144

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a: STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Elizabeth Hosp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Paris</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) _____ c. (Last) <u>Price</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-23-1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>	8. DATE OF BIRTH <u>Jan 1-1864</u>
9. AGE (in years last birthday) <u>85</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>1</u>
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U</u>	
13a. FATHER'S NAME <u>John Price</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Bonier</u>	
14. NAME OF HUSBAND OR WIFE <u>Carrie 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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Carrie Price</u> ADDRESS <u>Paris, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial insufficiency</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 mo</u> ANTECEDENT CAUSES DUE TO (b) <u>coronary sclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>uremia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arterio gangrene</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>arterio</u>	
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) _____		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 <u>April 13 1949</u> to <u>Apr 24, 1949</u> , that I last saw the deceased alive on <u>Apr 24, 1949</u> , and that death occurred at <u>9:45 A. M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>JM Canella</u> (Degree or title) <u>U</u>		23b. ADDRESS <u>M D 1001 Bday Hannibal</u>	
23c. DATE SIGNED <u>4-25-49</u>		24. BURIAL, CREMATION, REMOVAL (Specify) _____	
24b. DATE <u>April 26 '49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Paris mo</u>	
24d. LOCATION (City, town, or county) (State) <u>Paris, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo E Roberts</u> ADDRESS <u>Hannibal</u>	
DATE REC'D BY LOCAL REG. <u>4/26/49</u>		REGISTRAR'S SIGNATURE <u>W E Lucke</u> 1890 Deputy	

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.

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.