

FILED JUN 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16560**

BIRTH NO. _____ REG. DIST. NO. **193** PRIMARY REG. DIST. NO. **5709** Registrar's No. **26**

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY McDonald	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Buffalo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Buffalo	
d. FULL NAME OF HOSPITAL OR INSTITUTION May Community, Goodman Rt. 1		d. STREET ADDRESS (If rural, give location) May Community, Goodman Rt. 1	

3. NAME OF DECEASED (Type or Print)	a. (First) MARTHA	b. (Middle) VIANA	c. (Last) PRICE	4. DATE OF DEATH (Month) (Day) (Year) May 10, 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH JANUARY 27, 1866	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR (Months) 3	IF UNDER 1 YEAR (Days) 13	IF UNDER 1 HRS. (Hours) _____	IF UNDER 1 HRS. (Min.) _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) McDonald County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Joshua Wimpey	13b. MOTHER'S MAIDEN NAME Racheal Kinslow	14. NAME OF HUSBAND OR WIFE Juke L. Price
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Hugh Price	ADDRESS Goodman, Rt. 1, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 1 month
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		
	DUE TO (c) Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			331X

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from **April 1st, 1949**, to **Death**, that I last saw the deceased alive on **May 8, 1949**, and that death occurred at **6:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. W. Blankenship M.D.	23b. ADDRESS Anderson Mo.	23c. DATE SIGNED 5-13-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 11, 1949	24c. NAME OF CEMETERY OR CREMATORY Price Cemetery	24d. LOCATION (City, town, or county) (State) McDonald County Missouri
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DATE REC'D BY LOCAL REG. 5-15-49	REGISTRAR'S SIGNATURE Mrs. Fred W. Smith	25. FUNERAL DIRECTOR'S SIGNATURE John B. Papineau	ADDRESS Goodman, Missouri
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No. 300
10.48
6000
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
Student Embalmer

Signed John B. Papineau

Licensed Embalmer No. 4446

P. O. Address Goodman, N.

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.