

FILED AUG 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3076 State File No. 25881

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>2940</u>		Registrar's No. <u>125</u>	
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Clair</u>			
b. CITY OR TOWN <u>Nevada</u>		c. LENGTH OF STAY (In this place) <u>2 weeks 3 days</u>		c. CITY OR TOWN <u>Rural, Speedwell Township</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nevada City Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sophia</u>		b. (Middle) <u>Pauline</u>		c. (Last) <u>Price</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 20, 1949</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>1890 May 5, 1949</u>	
9. AGE (In years last birthday) <u>59</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Prairie City, Mo.</u>	
11. BIRTHPLACE (State or foreign country) <u>Prairie City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Vogt</u>		13b. MOTHER'S MAIDEN NAME <u>Christine Stoll</u>	
14. NAME OF HUSBAND OR WIFE <u>Ovid B. 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. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Uera Wiloff Rich Hill, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adeno Carcinoma of Uterus & Cervix</u> <u>C metastases</u> ANTECEDENT CAUSES DUE TO (b) <u>Cystic Ovary</u> <u>actual time onset unknown as if had no knowledge previously of presence of lesion</u> DUE TO (c) <u>Coronary arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u> <u>1 1/2 wks</u>	
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>Adeno Carcinoma of Uterus, Cystic Ovary, w/ metastases to Lung</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, kind, etc.) <u>home</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>1949</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2:00 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>fall</u>			
22. I hereby certify that I attended the deceased from <u>13 July, 1949, to 20 July, 1949</u> , that I last saw the deceased alive on <u>20 July, 1949</u> , and that death occurred at <u>4:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Walter H. Yaucens</u>				23b. ADDRESS <u>Nevada Mo.</u>		23c. DATE SIGNED <u>7-23-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 22, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shen Lawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Schell City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-23-49</u>		REGISTRAR'S SIGNATURE <u>Walter H. Yaucens</u>		331		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lewis & Son Schell City, Mo.</u>	

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

RECEIVED

District Health Officer No. 71

District File Number 7-49-916

Date Filed 8-1-49

NOV 16 1950

AUG 5 1949

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 _____

John G. Lewis Student Embalmer No. 331
working under my personal supervision.

Student John G. Lewis
Student Embalmer

Signed Marion M. Lewis
Licensed Embalmer No. 3084

P. O. Address Schell City, 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 this body is not embalmed, fact should be so stated above.