

FILED AUG 29 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26180**  
Registrar's No. **905**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>DeKalb</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Union Star, Mo. Rural (Polk)</b>	
c. LENGTH OF STAY (in this place) <b>3 days</b>		d. STREET ADDRESS (If rural, give location) <b>Missouri Methodist Hospital</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) <b>Sarah Jane Price</b>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 17, 1949</b>
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5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED (NEVER MARRIED, WIDOWED, DIVORCED) (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Aug. 28, 1854</b>	9. AGE (In years last birthday) <b>94</b>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 MIN. Hours	# UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Ohio</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Jacob Henry Price</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Locke</b>	14. NAME OF HUSBAND OR WIFE <b>Andrew Price</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>--</b>	16. SOCIAL SECURITY NO. <b>--</b>	17. INFORMANT'S SIGNATURE OR NAME <b>H.O. Price</b>	ADDRESS <b>Union Star, Mo.</b>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Insufficiency</b>		<b>3 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Shock of traumatic origin</b> DUE TO (c) <b>Fract. Hip + Th wrist</b>		<b>"</b> <b>"</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>69040</b> <b>21</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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.) <b>Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Union Star DeKalb Mo</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>8 14 49 9Pm.</b>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Fell in home</b>
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22. I hereby certify that I attended the deceased from **Aug 15, 1949**, to **Aug 17, 1949**, that I last saw the deceased alive on **Aug 17, 1949**, and that death occurred at **6:50 Am.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Robert Conrad M.D.</b>	(Degree or title)	23b. ADDRESS <b>St. Joseph Mo</b>	23c. DATE SIGNED <b>Aug 18</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug. 21, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>2 1/2 miles Southeast Union Star, Mo</b>
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DATE REC'D BY LOCAL REG. <b>Aug 19, 1949</b>	REGISTRAR'S SIGNATURE <b>E. G. Jenkins</b>	382	25. FUNERAL DIRECTOR'S SIGNATURE <b>Lucile M. Wilson</b>	ADDRESS <b>King City, Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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.

Signed *Lucile M. Wilson*

Signed.....  
Student Embalmer

Licensed Embalmer No. *2830*

P. O. Address *King 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.