

FILED FEB 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3698**

BIRTH NO. _____		REG. DIST. NO. 372		PRIMARY REG. DIST. NO. 6271		Registrar's No. 7	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)			
a. COUNTY Webster - Washington Twp.		b. CITY (If outside corporate limits, write RURAL and give township) Beach, Mo.		a. STATE Missouri		b. COUNTY Webster	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Beach, Mo. Washington Twp.		c. CITY (If outside corporate limits, write RURAL and give township)		d. STREET ADDRESS (If rural, give location) Beach, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Beach, Mo.				d. STREET ADDRESS (If rural, give location) Beach, Mo.			
3. NAME OF DECEASED (Type or Print)		a. (First) EMMA		b. (Middle) H.		c. (Last) PRICE	
4. DATE OF DEATH		(Month) Jan.		(Day) 11.		(Year) 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH Jan 7, 1871		9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY In Home		11. BIRTHPLACE (State or foreign country) Tennessee		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Perry L. Dodson		13b. MOTHER'S MAIDEN NAME Amanda L. Pew		14. NAME OF HUSBAND OR WIFE widow			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. no.		17. INFORMANT'S SIGNATURE OR NAME Laurence Price Conway, Mo.		ADDRESS	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. Disturbance				352X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT, SUICIDE (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 Jan 10, 1949 , to Jan 4, 1950 , that I last saw the deceased alive on Jan 15, 1949 and that death occurred at 8:00 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) E. M. Bailey				23b. ADDRESS W. C. U.		23c. DATE SIGNED Feb 4, 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE 1/12/50		24c. NAME OF CEMETERY OR CREMATORY St. Luke Cemetery		24d. LOCATION (City, town, or county) (State) Beach, Mo.	
DATE REC'D BY LOCAL REG. 1-16-50		REGISTRAR'S SIGNATURE J. Francis		FUNERAL DIRECTOR'S SIGNATURE J. W. Klingner & Co.		ADDRESS Springfield, Mo.	

RECEIVED JAN 30 1950

District Health Office No. 6,

District File Number 150-151

Date Filed 1-31-50

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 W. R. Rhodes

Licensed Embalmer No. 4071

P. O. Address Springfield

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.