

FILED APR 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH11777
State File No.BIRTH NO. _____ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 4544 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>Webster</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Niangua</u>		c. LENGTH OF STAY (in this place) <u>18 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Niangua</u>		1170
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			d. STREET ADDRESS (If rural, give location) <u>Not Named</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Pearl</u> b. (Middle) <u>Gladys</u> c. (Last) <u>Price</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 23 1950</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>Nov. 6, 1903</u>	9. AGE (in years last birthday) <u>36</u> 7	If UNDER 1 YEAR: Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>	11. BIRTHPLACE (State or foreign country) <u>Webster County, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Joe Layman</u>		13b. MOTHER'S MARDEN NAME <u>Eliza Chandler</u>		14. NAME OF HUSBAND OR WIFE <u>Dan 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>Dan Price Niangua, 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>MYOCARDIAL FAILURE, ACUTE</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>MYOCARDIAL INSUFFICIENCY, CHRONIC 13 YRS</u> DUE TO (c) <u>RHEUMATIC FEVER - ACUTE.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>GENERALIZED CHRONIC PASSIVE CONGESTION.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>MINUTES.</u> <u>4012</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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) 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 <u>JAN. 1940</u> , to <u>MAR. 23</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>9:20 A.M. 3-23-50</u> and that death occurred at <u>2:45 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>NIANGUA, MO.</u>		23c. DATE SIGNED <u>MAR. 23 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-24-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Black Oak</u>	24d. LOCATION (City, town, or county) (State) <u>Webster County, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>4/1/50</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u> 392		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature]</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

APR 10 1950

RECEIVED APR 8 1950

District Health Office No. 6,

District File Number 450-425

Date Filed 4-8-50

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed

Arthur Bruce

Signed.....

Student Embalmer

Licensed Embalmer No. 4723

P. O. Address Marshfield, Md

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.