

FILED JUN 3 1950 STANDARD CERTIFICATE OF DEATH

16230

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 125

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

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Maries</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Belle - Rural</u> <u>0630</u>	
c. LENGTH OF STAY (in this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>Boliver Street</u> <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Forest</u>	b. (Middle) <u>Vernon</u>	c. (Last) <u>Price</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 23 1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u> <u>11</u>	8. DATE OF BIRTH <u>April 21st, 1949</u>	9. AGE (In years last birthday)	10 UNDER 1 YEAR	10 OVER 1 YEAR
				<u>1 Yr</u>	<u>1</u> Days	<u>2</u> Hours

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Belle, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
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13a. FATHER'S NAME <u>Winfred Price</u>	13b. MOTHER'S MAIDEN NAME <u>Marion Louise Ray</u>	14. NAME OF HUSBAND OR WIFE <u>-</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>-</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Winfred Price</u>	ADDRESS <u>Belle, Mo.</u>
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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) <u>Pneumonia lobar, bilateral</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 week</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>-</u>		
	DUE TO (c) <u>-</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>490X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20! AUTOPSY? YES <input checked="" 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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from May 22, 1950 to May 23, 1950 that I last saw the deceased alive on May 22, 1950, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Green Daylor M.D.</u>	(Degree or title)	23b. ADDRESS <u>Jefferson City Mo</u>	23c. DATE SIGNED <u>5-25-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/26/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Skaggs Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>Belle Maries</u> <u>Missouri</u>
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DATE REC'D BY LOCAL REG. <u>May 25-1950</u>	REGISTRAR'S SIGNATURE <u>R.P. Davis M.D. - M.R.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul Martin</u>	ADDRESS <u>Spring, Mo</u>
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RECEIVED  
MAY 30 1958  
District Health Officer No. 9,  
District File Number

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 Vernon M. Maston

Signed.....  
Student Embalmer

Licensed Embalmer No. 4125

P. O. Address Lanaw, 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.