

FILED AUG 8 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **23394**

0420
 1

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

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 4217		Registrar's No. 36	
1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Urich Mo.		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Urich 0420			
d. FULL NAME OF HOSPITAL OR INSTITUTION N. Green St.				d. STREET ADDRESS (If rural, give location) N. Green St.			
3. NAME OF DECEASED (Type or Print) a. (First) Everett		b. (Middle) Oliver		c. (Last) Price		4. DATE OF DEATH (Month) (Day) (Year) July 26 1950	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 16 1882	
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months 4		IF UNDER 24 HRS. Days 10 Hours - Min. -		11. BIRTHPLACE (State or foreign country) Carrlton, Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer, Retired		10b. KIND OF BUSINESS OR INDUSTRY Farm		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Bolivar Price		13b. MOTHER'S MAIDEN NAME Telithia Standing		14. NAME OF HUSBAND OR WIFE Georgia Lee Price			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 491-30-2629		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Georgia Lee Price Urich, Missouri			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary emboli 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.				INTERVAL BETWEEN ONSET AND DEATH 6 hrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 6-24 , 19 50 , to 7/26 , 19 50 , that I last saw the deceased alive on 7/13 , 19 50 , and that death occurred at 5:30P m., from the causes and on the date stated above.							
23a. SIGNATURE (Registral or title) <i>[Signature]</i>				23b. ADDRESS Clinton Mo		23c. DATE SIGNED 7/28/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 30, 1950		24c. NAME OF CEMETERY OR CREMATORY Urich Cemetery		24d. LOCATION (City, town, or county) (State) Urich, Missouri	
DATE REC'D BY LOCAL REG. July 28-1950		REGISTRAR'S SIGNATURE Florence Adair		25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		ADDRESS Clinton Mo	

8/11
RECEIVED
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 8-7-50

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 Judith K. [Signature]
Licensed Embalmer No. 4516

P. O. Address Clinton 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.