No. 300
10.48

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

FILED SEP 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28566

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7345

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place): 6 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Park Lane Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Montgomery
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): High Hill 0700
d. STREET ADDRESS (If rural, give location): Rt. #1

3. NAME OF DECEASED (Type or Print): a. (First) ANDREW b. (Middle) JACKSON c. (Last) PRICE

4. DATE OF DEATH (Month) (Day) (Year): Aug. 27, 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6-5-1885
9. AGE (In years last birthday): 65 — If under 1 year: Months 2, Days 22 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lexington, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: John W. Price
13b. MOTHER'S MAIDEN NAME: Virginia V. Groom
14. NAME OF HUSBAND OR WIFE: Edna Nagel Price

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 498-18-8197
17. INFORMANT'S SIGNATURE OR NAME: Edna Price, above — ADDRESS:

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombosis Mesenteric artery

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Sanguineous Cardiac.

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

19a. DATE OF OPERATION: 8-27-50
19b. MAJOR FINDINGS OF OPERATION: Sanguineous Cardiac.
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 578X

22. *I hereby certify that I attended the deceased from* 8-27, 1950, *to* 8-28, 1950, *that I last saw the deceased alive on* 8-28, 1950, *and that death occurred at* 12 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: PB Cappel MD (Degree or title)
23b. ADDRESS: 3284 Ironhill Cir
23c. DATE SIGNED: 8-28-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 8-29-1950
24c. NAME OF CEMETERY OR CREMATORY: Ironton Cemetery
24d. LOCATION (City, town, or county) (State): Ironton, Mo.

DATE REC'D BY LOCAL REG.: AUG 29 1950
REGISTRAR'S SIGNATURE: J. B. Fasaler
25. FUNERAL DIRECTOR'S SIGNATURE: Jay B. Smith #56 Wapelsmore — ADDRESS: Manchester

(Licensed Embalmer's Statement on Reverse Side)

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 Robert T. Sangster

Signed.....
Student Embalmer

Licensed Embalmer No. 4299

P. O. Address St Louis M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.