

FILED AUG 25 1951

STANDARD CERTIFICATE OF DEATH

State File No. **26273**

BIRTH NO. _____ REG. DIST. NO. **44** PRIMARY REG. DIST. NO. **4062** Registrar's No. **41**

1. PLACE OF DEATH
 a. COUNTY **Caldwell 0130**
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Cougill**
 c. LENGTH OF STAY (in this place)
 d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE **Mo.** b. COUNTY **Caldwell**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Cougill 0130**
 d. STREET ADDRESS (If rural, give location) **0**

3. NAME OF DECEASED
 a. (First) **JESSIE** b. (Middle) **ALICE** c. (Last) **BOX**
 (Type or Print)

4. DATE OF DEATH (Month) (Day) (Year)
8-6-51

5. SEX
7 /

6. COLOR OR RACE
White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH
5-3-1876

9. AGE (In years last birthday)
75

IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. 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

11. BIRTHPLACE (State or foreign country)
Missouri 0

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
John Charles Price

13b. MOTHER'S MAIDEN NAME
Mary Lou Strong

14. NAME OF HUSBAND OR WIFE
Winfield M. Bot

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Warren Bot, Cougill, Mo.

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) **Atherosclerosis**
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.
Acute Pneumonia & Pleurisy with Effusion

INTERVAL BETWEEN ONSET AND DEATH
Many years
8 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
4500

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)

21e. INJURY OCCURRED WHILE AT WORK **NOT WHILE AT WORK**

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-2, 1950, to 8-6, 1951, that I last saw the deceased alive on 8-3, 1951, and that death occurred at 3 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
Chas Wilson M.D.

23b. ADDRESS
P.O. Box 94

23c. DATE SIGNED
8-8-51

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
8-8-51

24c. NAME OF CEMETERY OR CREMATORY
Cougill Cemetery

24d. LOCATION (City, town, or county) (State)
Cougill, Mo.

DATE REC'D BY LOCAL REG.
8-13-51

REGISTRAR'S SIGNATURE
Mrs. Nell B. Jones

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Cramer Clark, Kingston, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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



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.....
Student Embalmer

Signed..... *Cramer Clark*

Licensed Embalmer No. *3257*

P. O. Address *Kingston, 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.