

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37848

FILED DEC 13 1951

3127 State File No. 199
Registrar's No. ~~199~~

BIRTH NO. 53873-51 REG. DIST. NO. 155 PRIMARY REG. DIST. NO. ~~155~~

492
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		c. LENGTH OF STAY (In this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		0492
d. FULL NAME OF HOSPITAL OR INSTITUTION 503 S. Elliott			d. STREET ADDRESS (If rural, give location) 503 S. Elliott		

3. NAME OF DECEASED (Type or Print) a. (First) Lana b. (Middle) Irene c. (Last) Price			4. DATE OF DEATH (Month) (Day) (Year) Nov. 24, 1951		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Aug. 29, 1951	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 2	IF UNDER 24 HRS. Days 25	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Webb City, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME William Price		13b. MOTHER'S MAIDEN NAME June Hairl		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME June Price		ADDRESS Webb City	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Marasmus</i>		DUPLICATE OF PREVIOUS			?
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute)	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 11-28, 1951, to 11-21, 1951, that I last saw the deceased alive on 11-21, 1951, and that death occurred at 10:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>James V. Flaherty, M.D.</i> (Degree or title)		23b. ADDRESS <i>Cartersville Mo</i>	23c. DATE SIGNED <i>12-5-51</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-26-51	24c. NAME OF CEMETERY OR CREMATORY Cartersville Cemetery	24d. LOCATION (City, town, or county) (State) Cartersville, Mo.
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DATE REC'D BY LOCAL REG. <i>Dec 5-51</i>	REGISTRAR'S SIGNATURE <i>J. L. Ditcher M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Johnston-Arnce-Simpson</i> ADDRESS <i>Webb City, Mo. Mortuary Co.</i>	
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RECEIVED 12-11-51
Jasper County Health Office

County File Number 57/12/925

Date Filed 12-11-51

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 Jack C. Simpson

Licensed Embalmer No. 4647

P. O. Address Webb City, 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.