

FILED JAN 5 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40873**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **387** PRIMARY REG. DIST. NO. **2173** Registrar's No. **16**

1. PLACE OF DEATH a. COUNTY <b>Callaway</b> <b>0140</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Callaway</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rockville Summit Top</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rockville Summit Top</b> <b>0140</b>	
c. LENGTH OF STAY (In this place) <b>6 month</b>		d. STREET ADDRESS (If rural, give location) <b>4 Miles North 54 Highway</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4 miles North 54 Highway</b>		d. STREET ADDRESS (If rural, give location) <b>4 Miles North 54 Highway</b>	

3. NAME OF DECEASED (Type or Print) <b>Ora Hankins Price</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 25, 1951</b>	
a. (First)	b. (Middle)	c. (Last)	

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Jan. 3, 1872</b>	9. AGE (In years last birthday) <b>79</b>	# UNDER 1 YEAR <b>11</b>	TEAR Days <b>22</b>	# UNDER 24 HRS. Hours <b></b>	Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own</b>		11. BIRTHPLACE (State or foreign country) <b>Louisville Ky.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		

13a. FATHER'S NAME <b>James Blankenship</b>	13b. MOTHER'S MAIDEN NAME <b>Mandy Nance</b>	14. NAME OF HUSBAND OR WIFE <b>Robert A. Hankins</b>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Charles Hargus Holt Summitt, M</b>	
--	-----------------------------------	---	--

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Was found dead in bed - 2 AM</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Apparently a coronary occlusion</b> DUE TO (c) <b>Had heart trouble for some time</b>		
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"/>
------------------------	----------------------------------	--

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) <b>Summit Top Callaway Mo</b>
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. R. Barrett, Coroner</b>	23b. ADDRESS <b>Fulton 2160</b>	23c. DATE SIGNED <b>12/26/51</b>
--	---------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec. 29, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Wolf Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Protem, Mo.</b>
---	--------------------------------	---	--

DATE REC'D BY LOCAL REG. <b>Dec 31-51</b>	REGISTRAR'S SIGNATURE <b>LeRoy Claypool 39</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Victor Buescher Jefferson City Mo</b>
---	--	---

(Licensed Embalmer's Statement on Reverse Side)

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

12-26-51

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

DEC 31 1951

RECEIVED

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. \_\_\_\_\_

Student .....  
Student Embalmer

Signed *Victor Buscher*

Licensed Embalmer No. *3701*

P. O. Address *Jefferson City*

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.