

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 750

FILED JAN 19 1952

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 4170 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY DeKalb		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dekalb	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Union Star		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Union Star	
c. LENGTH OF STAY (In this place) lifetime		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) William	b. (Middle) -	c. (Last) Price	4. DATE OF DEATH (Month) (Day) (Year) Jan. 1 1952
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 16, 1922
9. AGE (In years last birthday) 29		IF UNDER 1 YEAR Months 7 Days 15	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator		10b. KIND OF BUSINESS OR INDUSTRY Filling Station	11. BIRTHPLACE (State or foreign country) DeKalb Co. Missouri
12. CITIZEN OF WHAT COUNTRY? U, S			

13a. FATHER'S NAME Brinton Price	13b. MOTHER'S MAIDEN NAME Maurine Russell	14. NAME OF HUSBAND OR WIFE Frances Lou Price
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 1942-1945	16. SOCIAL SECURITY NO. 499-16-5851	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Brinton Price Union Star, Mo
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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		INTERVAL BETWEEN ONSET AND DEATH Approx. 15 minutes.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severing of left external iliac artery and vein from punctured wound resulting in internal and external hemorrhage		
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.		E9130 22	

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) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) At Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Union Star DeKalb Co., Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) Jan. 1, 1952 2:40 A.M.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Accidental, punctured wound
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22. I hereby certify that I attended the deceased from 19, 1952, to 19, 1952, that I last saw the deceased alive on 19, 1952, and that death occurred at 7:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE W. D. Pulley	23b. ADDRESS DoKalb Co., Mo., Maysville, Missouri	23c. DATE SIGNED 1/2/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 3, 1952	24c. NAME OF CEMETERY OR CREMATORY Union Star	24d. LOCATION (City, town, or county) (State) Union Star Mo.
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DATE REC'D BY LOCAL REG. 1-2-52	REGISTRAR'S SIGNATURE Joscoe D. Davidson	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Roland D. Clark King City
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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,

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Roland D. Clark

Licensed Embalmer No. 4477

P.O. Address King 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.