

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1715

State File No. ....

FILED JAN 23 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Cherokee</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>	c. LENGTH OF STAY (In this place) <u>18 hrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Galena</u> <u>8150</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Freeman</u>		d. STREET ADDRESS (If rural, give location) <u>1205 Elm St.</u> <u>8</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Orin</u>	b. (Middle) <u>Leonard</u>	c. (Last) <u>Price</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 4 1952</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 16 1894</u>	9. AGE (In years) (Month) (Day) (Min.) <u>57</u> <u>10</u> <u>18</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Truck Operator</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Ore Transportation</u>	11. BIRTHPLACE (State or foreign country) <u>Galena Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>John Price</u>	13b. MOTHER'S MAIDEN NAME <u>Lillie May tackett</u>	14. NAME OF HUSBAND OR WIFE <u>Sadie Price</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Sadie Price</u>	ADDRESS _____
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>8 Months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis, Generalized</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma, Primary, Unstaged</u> DUE TO (c) _____		
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) <u>Galena, Cherokee, Kansas</u>
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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? _____
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22. I hereby certify that I attended the deceased from June, 1951, to Jan. 4, 1952, that I last saw the deceased alive on JAN 4, 1952, and that death occurred at 5:25A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul H. Grubb M.D.</u> (Degree or title)	23b. ADDRESS <u>Galena, Kansas</u>	23c. DATE SIGNED <u>1-4-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>1-4-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hill Crest</u>	24d. LOCATION (City, town, or county) (State) <u>Galena Kans.</u>
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DATE REC'D BY LOCAL REG. <u>1-8-52</u>	REGISTRAR'S SIGNATURE <u>Ed B. James</u> 138	25. FUNERAL DIRECTOR'S SIGNATURE <u>Harvey Newman</u> ADDRESS <u>Galena Kans.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

495  
0

RECEIVED 1-21-52  
Jasper County Health Office

County File Number 52/1/43

Date Filed 1-22-52

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 *Harvey E. Seuman*

Licensed Embalmer No. *2067 Kans*

P. O. Address *Salina Kans*

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.