

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DECEASED JUN 9 1952

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5367 Registrar's No. 38

0310

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

1. PLACE OF DEATH a. COUNTY Daviness		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY Daviness	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Monroe Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Monroe Township	
c. LENGTH OF STAY (in this place) 12 Yrs			
d. FULL NAME OF HOSPITAL OR INSTITUTION 7 Miles S. E. Gallatin,		d. STREET ADDRESS (If rural, give location) Mo. 7 Miles S. E. Gallatin, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) Murta	b. (Middle) Alice	c. (Last) Price	4. DATE OF DEATH (Month) (Day) (Year) June 1 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 4 1880	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Wright Co. Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John L. Butcher	13b. MOTHER'S MAIDEN NAME Tina Mitchell	14. NAME OF HUSBAND OR WIFE Alva G. 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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Alva G. Price, Gallatin, Mo.	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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension, arterial Sclerosis 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 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)	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 May 1952, to June 1, 1952, and that death occurred at 4:20 P m., from the causes and on the date stated above.

23a. SIGNATURE H. Bailey, D.D. (Degree or title)	23b. ADDRESS Gallatin, Mo.	23c. DATE SIGNED 5 June 1952
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-3-1952	24c. NAME OF CEMETERY OR CREMATORY Lick Fork Cemetery	24d. LOCATION (City, town, or county) (State) Daviness Co., Missouri
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DATE REC'D BY LOCAL REG. 6 June 1952	REGISTRAR'S SIGNATURE Theresa M. Englebach	25. FUNERAL DIRECTOR'S SIGNATURE J. P. Dickerson	ADDRESS Hope Funeral Home, Gallatin, Mo.
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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, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

L. O. Erickson

Licensed Embalmer No.

3307

P. O. Address

Gallatin, 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.