

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24137

State File No.

BIRTH NO. _____ REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 4188 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Owensville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Owensville</u>	
c. LENGTH OF STAY (in this place) <u>50 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Owensville</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Arthur</u>	b. (Middle) <u>Clarence</u>	c. (Last) <u>Price</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 9, 1952</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 21, 1880</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 6 HRS. Hours <u>0</u> Mins. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Law Officer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>bricklayer</u>	11. BIRTHPLACE (State or foreign country) <u>Grove Dale, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James M. Price</u>	13b. MOTHER'S MAIDEN NAME <u>Zerishia Pennington</u>	14. NAME OF HUSBAND OR WIFE <u>Vonia Tomnitz Price</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>496-14-1314</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Vonia Price Owensville, Mo.</u>
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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 <u>1 hr</u> <u>4 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary embolism</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above, cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Heart Disease</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)
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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 Aug, 1948, to May, 1952, that I last saw the deceased alive on May 9, 1952, and that death occurred at 7 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. M. Keller</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Owensville, Mo.</u>	23c. DATE SIGNED <u>5-10-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-12-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Owensville, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5/21/52</u>	REGISTRAR'S SIGNATURE <u>Harold H. Wallace</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Milford F. H. Winter OWENSVILLE</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

375
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PRICE

FILED JUL 29 1952

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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Michael N H Winter

Licensed Embalmer No. 3838

P. O. Address QUEENSVILLE

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.