

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26231  
State File No. ....  
6307  
Registrar's No. ....

FILED JUL 22 1952

BIRTH NO. .... REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE<br>Missouri |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN St. Louis |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN St. Louis                  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 2920 Belt (Home)                                     |  | d. STREET ADDRESS (If rural, give location)<br>6 2920 Belt  |  |

|   |            |             |                    |                             |
|---|------------|-------------|--------------------|-----------------------------|
| 3. NAME OF DECEASED (Type or Print)<br>Medora | a. (First) | b. (Middle) | c. (Last)<br>Price | 4. DATE OF DEATH<br>6 29 52 |
|---|------------|-------------|--------------------|-----------------------------|

|   |                           |   |                                  |  |                       |                                     |
|---|---------------------------|---|----------------------------------|--|-----------------------|-------------------------------------|
| 5. SEX<br>Female  | 6. COLOR OR RACE<br>Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>Married | 8. DATE OF BIRTH<br>Sept 1, 1904 | 9. AGE (In years last birthday)<br>47                              | 10. UNDER 1 YEAR<br>9 | 11. UNDER 1 HRS.<br>28              |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Unemployed |                           | 10b. KIND OF BUSINESS OR INDUSTRY                                 |                                  | 11. BIRTHPLACE (City and State or Foreign Country)<br>Benton Miss. |                       | 12. CITIZEN OF WHAT COUNTRY?<br>USA |

|                                   |                                      |   |
|-----------------------------------|--------------------------------------|---|
| 13a. FATHER'S NAME<br>A. E. Brown | 13b. MOTHER'S MAIDEN NAME<br>Unknown | 14. NAME OF HUSBAND OR WIFE<br>John Price |
|-----------------------------------|--------------------------------------|---|

|  |                                 |   |                          |
|--|---------------------------------|---|--------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>No | 16. SOCIAL SECURITY NO.<br>None | 17. INFORMANT'S SIGNATURE OR NAME<br>Elza Bullock | ADDRESS<br>2311 Franklin |
|--|---------------------------------|---|--------------------------|

|   |   |  |   |
|---|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH<br>1 month |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)<br>Decompensating Heart Dis.   |  |   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>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) |
|--|--|---|

|  |  |                                    |
|--|--|------------------------------------|
| 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?<br>4343 |
|--|--|------------------------------------|

22. I hereby certify that I attended the deceased from June 6, 1952, to 6-29, 1952, that I last saw the deceased alive on 6-28, 1952, and that death occurred at 10 P. M., from the causes and on the date stated above.

|  |                              |                            |
|--|------------------------------|----------------------------|
| 23a. SIGNATURE (Degree or title)<br>James M. Whittier M.D. | 23b. ADDRESS<br>4503 A. Page | 23c. DATE SIGNED<br>7-1-52 |
|--|------------------------------|----------------------------|

|  |                     |  |   |
|--|---------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>Removal | 24b. DATE<br>7/1/52 | 24c. NAME OF CEMETERY OR CREMATORY<br>Durant Mississippi | 24d. LOCATION (City, town, or county) (State)<br>Durant Mississippi |
|--|---------------------|--|---|

|  |   |   |                          |
|--|---|---|--------------------------|
| DATE REC'D BY LOCAL REG.<br>JUL 1 1952 | REGISTRAR'S SIGNATURE<br>J. Carl Smith MD | 25. FUNERAL DIRECTOR'S SIGNATURE<br>E. B. Roome | ADDRESS<br>1207 N. Grand |
|--|---|---|--------------------------|

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

**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

*Clarence Crooks*

Licensed Embalmer No. 4752

P. O. Address 1221 N. Lynn

**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.