

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37765

State File No.

FILED DEC 1 1952

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1209

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Linn	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Joseph)	c. LENGTH OF STAY (In this place) township) 8 mos. 1 day	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marceline	0581
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital No. 2		d. STREET ADDRESS (If rural, give location) 312 W. Curtis	
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) A c. (Last) Price		4. DATE OF DEATH (Month) (Day) (Year) Nov. 19, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 22, 1875
9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman	11. BIRTHPLACE (City and State or Foreign Country) Chariton County, Mo.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Retired	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Arthur Price		13b. MOTHER'S MAIDEN NAME Virgina Philpott	14. NAME OF HUSBAND OR WIFE Margaret Price
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Margaret Price Marceline, Mo
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4221	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>July 28, 1952</u> , to <u>Nov 19, 1952</u> , that I last saw the deceased alive on <u>Nov 19, 1952</u> , and that death occurred at <u>8:30 P m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) John Thomas M.D.		23b. ADDRESS 24 Joseph Mo 70 Spc Nov 24, 1952	23c. DATE SIGNED 1/21 52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/22/52	24c. NAME OF CEMETERY OR CREMATORY Locke Cemerty	24d. LOCATION (City, town, or county) (State) South of Marceline, Mo
DATE REC'D BY LOCAL REG. Nov. 22, 1952	REGISTRAR'S SIGNATURE Carl C. Casler	FUNERAL DIRECTOR'S SIGNATURE ADDRESS Joe. McLaughlin Marceline Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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 X

Student Embalmer No. X

working under my personal supervision.

Student X
Student Embalmer

Signed

George W. Dardelt

Licensed Embalmer No. 4799

P. O. Address Marble, MD

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.