

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41360

State File No.

NOV 17 1952

BIRTH NO. _____ REG. DIST. NO. 339 PRIMARY REG. DIST. NO. 4526 Registrar's No. 21

1080

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

1. PLACE OF DEATH a. COUNTY <u>VERNON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Vernon</u>	
b. CITY OR TOWN <u>Sheldon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sheldon</u> <u>1080</u>	
c. LENGTH OF STAY (In this place) <u>6 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>10</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u> b. (Middle) <u>JEFFERSON</u> c. (Last) <u>PRICE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 28 52</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec 13-1879</u>
9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>South Carolina Mo</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Quarterm.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>John E. Price</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Howard</u>	14. NAME OF HUSBAND OR WIFE <u>Cora H. Proctor</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>500-10-9025</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mae E. Price, Sheldon Mo.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis of Liver</u>		II. OTHER SIGNIFICANT CONDITIONS		<u>8 mo</u>
*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
DUE TO (b) _____		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"/>
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?

22. I hereby certify that I attended the deceased from March 15, 1952, to Oct 28, 1952, that I last saw the deceased alive on Oct 28, 1952, and that death occurred at 12:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Doctor or title) <u>L. Baunister</u>	23b. ADDRESS <u>Sheldon, Mo.</u>	23c. DATE SIGNED <u>10-29-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 30-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Penkey Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Sheldon, Mo.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>L. Gerald Peery, Sheldon</u>	
DATE REC'D BY LOCAL REG. <u>Nov 14/1952</u>	REGISTRAR'S SIGNATURE <u>Mrs. Anita Faith</u>	

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed *L. Gerald Beeny*

Signed.....
Student Embalmer

Licensed Embalmer No. *4305*

P. O. Address *Sheldon, 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.