

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1592
217

State File No. _____
Registrar's No. _____

FILED FEB 14 1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>40 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>343 South White</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>				3069				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Morton</u> b. (Middle) <u>Alexander</u> c. (Last) <u>Price</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 13 1953</u>					
5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> <u>1</u>	8. DATE OF BIRTH <u>July 14 1876</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Saline County Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>John Thomas W. Price</u>			13b. MOTHER'S MAIDEN NAME <u>Mollie Gauldin</u>		14. NAME OF HUSBAND OR WIFE <u>Bea Price Roe Price</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> <u>no</u>		16. SOCIAL SECURITY NO. <u>486-03-2545</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John R. Price 5509 Tracy K.C. Mo.</u>				
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) <u>Acute Cardiac Failure</u> ANTECEDENT CAUSES DUE TO (b) <u>Myocardial Infarction</u> DUE TO (c) <u>Coronary Thrombosis</u> II. OTHER SIGNIFICANT CONDITIONS <u>Hydrothorax</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Four days</u> <u>11201</u>	
19a. DATE OF OPERATION <u>1946</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Rectosigmoid & resection</u> <u>2nd recurrence</u>				20. AUTOPSY? YES <input checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from _____, 19____, that I last saw the deceased alive on <u>Jan 13, 1953</u> , and that death occurred at <u>7:30 P.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>W. R. McPhee</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Research Hosp. 2300 Holmes K.C. Mo.</u>		23c. DATE SIGNED <u>1/14/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 16 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>1-15-53</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mrs C.L. Forster 918 Brooklyn K.C. Mo.</u>				

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 Dean Owens

Licensed Embalmer No. 4280

P. O. Address K. C., 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.