

STANDARD CERTIFICATE OF DEATH

State File No. **2561**FILED FEB 7 1953 REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054** Registrar's No. **15**

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Missouri Louisiana		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana	
c. LENGTH OF STAY (In this place) 27 days		d. STREET ADDRESS (If rural, give location) 115 South 9th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pike Co. Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) MALLIE		b. (Middle) MAE	
		c. (Last) PRICE	
4. DATE OF DEATH JAN. 27, 1953			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 5, 1878
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months 9 Days 22	
IF UNDER 1 YEAR Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housekeeping	
11. BIRTHPLACE (State or foreign country) Pike Co., Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME James Frank Young		13b. MOTHER'S MAIDEN NAME Mary Elizabeth Abbott	
14. NAME OF HUSBAND OR WIFE Henry 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 Er. Roy Price, Louisiana, Missouri		ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive intrabdominal hemorrhage	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Carcinoma of Sigmoid Colon - metastasis	
DUE TO (c) metastasis		INTERVAL BETWEEN ONSET AND DEATH 30 min	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 153X			
19a. DATE OF OPERATION 1-19-53		19b. MAJOR FINDINGS OF OPERATION Ca of Sigmoid Colon - metastasis	
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from 1-18-53 to 1-27, 19-53 , that I last saw the deceased alive on 1-27, 19-53 , and that death occurred at 5:20 P m. , from the causes and on the date stated above.			
23a. SIGNATURE Chas H. Hewellen M.D. (Degree or title)		23b. ADDRESS Louisiana, Missouri	
23c. DATE SIGNED 1-28-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/30/53	
24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery		24d. LOCATION (City, town, or county) (State) Louisiana, Missouri	
DATE REC'D BY LOCAL REG. Jan 29, 1953		REGISTRAR'S SIGNATURE Bernice Callen	
25. FUNERAL DIRECTOR'S SIGNATURE Sterne Funeral Home, Louisiana, Mo.		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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 Virginia M. Sterne

Licensed Embalmer No. 4645

P. O. Address Louisiana, 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.