

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

830  
1

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 6967 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Platte</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Weston, <sup>Weston</sup></u>		c. LENGTH OF STAY (in this place) <u>14 year</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Weston</u> <u>0830</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>			d. STREET ADDRESS (If rural, give location) <u>0</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bernard</u> b. (Middle) _____ c. (Last) <u>Price</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-11-53</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb. 27-1875</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Platte Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U</u>
13a. FATHER'S NAME <u>Reason Price</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Cain</u>		14. NAME OF HUSBAND OR WIFE <u>Sarah Jane Fortune</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>—</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Bernard Price Weston, Mo.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>—</u>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of the colon (sigmoid)</u>				INTERVAL BETWEEN ONSET AND DEATH <u>18 mo</u>
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. <u>Arteriosclerosis 153X</u>					
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 <u>Sept. 1952</u> , to <u>Feb. 11, 1953</u> , that I last saw the deceased alive on <u>Feb. 11, 1953</u> , and that death occurred at <u>7 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>[Signature]</u> D.O. <u>2</u>			23b. ADDRESS <u>Weston, Mo</u>		23c. DATE SIGNED <u>2-12-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>FEB. 15-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SMITHVILLE CEM</u>		24d. LOCATION (City, town, or county) (State) <u>SMITHVILLE MO.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 12-53</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>257-</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>VANCKEN FUNERAL HOME WESTON MO.</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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*W. R. Vaughn*

Licensed Embalmer No. *4023*

P. O. Address *Weston, 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.