

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8886

FILED APR 6 1953

REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 391

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Washington Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Idle Hour Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>R# 7 St. Joseph, Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Price</u> c. (Last) <u>Price</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 27, 1953</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Unknown</u>	
8. DATE OF BIRTH <u>Unknown</u>		9. AGE (In years last birthday) <u>About 70 yrs</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Common Labor</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Pittsburg Penn.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Unknown</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNK</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>E. G. Pearce</u>		17. ADDRESS <u>R # 7. St. Joseph, Mo.</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Unknown</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Unknown</u>		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443 X</u>	
19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Decompensation</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21. ANTECEDENT CAUSES DUE TO (b) <u>Hypertensive Heart Disease</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
DUE TO (c) <u>Hypertension</u>		21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>3-21, 1953</u> , to <u>3-27, 1953</u> , that I last saw the deceased alive on <u>3-27, 1953</u> , and that death occurred at <u>11:55 P.M.</u> , from the causes and on the date stated above.	

22. I hereby certify that I attended the deceased from <u>3-21, 1953</u> , to <u>3-27, 1953</u> , that I last saw the deceased alive on <u>3-27, 1953</u> , and that death occurred at <u>11:55 P.M.</u> , from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) <u>Sharon E. Waggoner, M.D.</u>		23b. ADDRESS <u>301 Illinois Ave</u>	
23c. DATE SIGNED <u>3/30/53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 1, 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Meierhoffer-Fleeman, Inc.</u>	

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DATE REC'D BY LOCAL REG. <u>April 2, 1953</u>		REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u>	

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(Licensed Embalmer's Statement on Reverse Side)

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

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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 Robert P. Harrington

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

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.