

## STANDARD CERTIFICATE OF DEATH

State File No. 17623

FILED JUN 2 1953

BIRTH NO. _____		REG. DIST. NO. 114		PRIMARY REG. DIST. NO. 5437		Registrar's No. 34	
1. PLACE OF DEATH a. COUNTY <i>Franklin</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Franklin</i>			
b. CITY (If outside corporate limits, write RURAL and give township) <i>Rural: Meramec Parkway</i>		c. LENGTH OF STAY (In this place) <i>5</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Rural: Central</i>		0360	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Millers-Hazel</i>				d. STREET ADDRESS (If rural, give location) <i>Dave Hill P.O.</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>William</i> b. (Middle) <i>Price</i> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <i>6-25-53</i>				
5. SEX <i>Male</i>	6. COLOR OF RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>12-8-1866</i>	9. AGE (In years last birthday) <i>87</i>	IF UNDER 1 YEAR Months <i>5-17</i>	IF UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Wagoner</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Wagoner</i>		11. BIRTHPLACE (State or foreign country) <i>Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Kennie Price</i>			13b. MOTHER'S MAIDEN NAME <i>Susan Phillips</i>		14. NAME OF HUSBAND OR WIFE <i>St. Clair</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Irvin Price - 70391 and address</i>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cancer of Stomach</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____				MEDICAL CERTIFICATION <i>Chronic Prostatitis - years -</i> INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>151X</i>				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 type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Jan - 53</i> , to <i>6-25-53</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>6-24</i> , 19 <i>53</i> , and that death occurred at <i>1:30 p.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>W. Etchell</i>				23b. ADDRESS <i>St. Clair - Mo</i>		23c. DATE SIGNED	
24a. BURIAL OR CREMATION REMOVAL (Specify)		24b. DATE <i>6-26-53</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Prospect Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Franklin: Mo</i>	
DATE REC'D BY LOCAL HEALTH OFFICER <i>6-25-53</i>		REGISTRAR'S SIGNATURE <i>W. Etchell</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>W. Etchell</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

360  
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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed.....  
*Shirley A. Kitchell*

Licensed Embalmer No. 3873

P. O. Address St. Clair, Mich

**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.