

STANDARD CERTIFICATE OF DEATH

21982

State File No. ....

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FILED JUL 8 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 5592 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>SToddard</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL - JOACHIM</u>		c. LENGTH OF STAY (in this place) <u>3 mon.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Essex</u>		1039
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MOUNTAIN VIEW CONVALESCENT HOME</u>			d. STREET ADDRESS (If rural, give location) <u>NONE</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Eugene</u> b. (Middle) <u>S.</u> c. (Last) <u>Priest</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 13 1953</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MAY 27, 1869</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MERCHANT-FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>PUTNAM CO., IND. 1</u>
13a. FATHER'S NAME <u>DAVID B. PRIEST</u>		13b. MOTHER'S MARDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>DECEASED</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>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Raymond B. Priest St. Louis, Mo.</u>		ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiovascular Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Worse 1WK</u>
	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.		

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) <u>4221</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 6-8, 1953, to 6-13, 1953, that I last saw the deceased alive on 6-13, 1953, and that death occurred at 8:00P m., from the causes and on the date stated above.

23a. SIGNATURE <u>R.P.D. owned O.M.D.</u>	(Degree or title)	23b. ADDRESS <u>Crystal City, Mo.</u>	23c. DATE SIGNED <u>6-14-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>6/16/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Essex Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Essex Mo.</u>

DATE REC'D BY LOCAL REG. <u>6-16-53</u>	REGISTRAR'S SIGNATURE <u>Gentry R. Palitto</u>	444	25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins Funeral Home, Dexter, Mo.</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 27 1953

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED JUN 29 1953

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.....

*James J. Comerford*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4744

P. O. Address Crystal City, 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.