

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

Dr. Conf. No. **25576**
State File No.

FILED AUG 10 1953

BIRTH NO. _____ REG. DIST. NO. **187** PRIMARY REG. DIST. NO. **3040** Registrar's No. **103**

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Livingston	
b. CITY OR TOWN Chillicothe (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN Chillicothe (If outside corporate limits, write RURAL and give township)	
c. LENGTH OF STAY (in this place) 6 yrs.		d. STREET ADDRESS (If rural, give location) 403 Second St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) H. c. (Last) Price			4. DATE OF DEATH (Month) (Day) (Year) July 29 1953		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 9, 1898	9. AGE (In years last birthday) 54	10. MONTHS 9 11. DAYS 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME James Price	13b. MOTHER'S MAIDEN NAME Katherine Frye	14. NAME OF HUSBAND OR WIFE Eileen Walker Price
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 487-01-4503	17. INFORMANT'S SIGNATURE OR NAME Mrs. James H. Price	ADDRESS Chillicothe Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Quinqueartery Fibrillation		INTERVAL BETWEEN ONSET AND DEATH 3 days 6 days
	ANTECEDENT CAUSES As forid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Choleystectomy		
	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"/>
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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)
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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
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22. I hereby certify that I attended the deceased from **June 1, 1951**, to **July 29, 1953**, that I last saw the deceased alive on **July 29, 1953**, and that death occurred at **6:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Joseph P. Conrad M.D.	23b. ADDRESS Chillicothe, Mo.	23c. DATE SIGNED July 30-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 2, 1953	24c. NAME OF CEMETERY OR CREMATORY South Cemetery	24d. LOCATION (City, town, or county) (State) Livingston County, Mo.
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DATE REC'D BY LOCAL REG. 7-30-53	REGISTRAR'S SIGNATURE Francis B. Neill	25. FUNERAL DIRECTOR'S SIGNATURE Norman Funeral Home	ADDRESS Chillicothe, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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AUG 11 1953

AUG 31 1953

JUN 16 1954

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 Emmett Everett

Licensed Embalmer No. 4748

P. O. Address Chillicothe, 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.