

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31529

State File No.

FILED SEP 21 1953

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 874

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY OR TOWN Springfield		c. CITY OR TOWN Springfield	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place)		• STREET ADDRESS (If rural, give location) 1920 N Robberson	
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Elston	b. (Middle) E.	c. (Last) Price	4. DATE OF DEATH (Month) (Day) (Year) September 14 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 28 Sept., 1912	9. AGE (In years last birthday) 40	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hooper		10b. KIND OF BUSINESS OR INDUSTRY Roofing		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Andrew F. Price	13b. MOTHER'S MAIDEN NAME Ada E. Russ	14. NAME OF HUSBAND OR WIFE Versa Price
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No	16. SOCIAL SECURITY (If yes, give war or dates of service) 492-28-6077	17. INFORMANT'S SIGNATURE OR NAME Versa Price	ADDRESS Springfield, 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebellar-Pontine Edema		14 days
	ANTECEDENT CAUSES DUE TO (b) Concussion of brain		14 days
DUE TO (c) Multiple lacerations of scalp		14 days	
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) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Springfield, Greene Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug. 31, 1953 4:45 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell from roof
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22. I hereby certify that I attended the deceased from Aug. 31, 1953, to Sept. 14, 1953, that I last saw the deceased alive on Sept. 14, 1953, and that death occurred at 4:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Michael J. Slanko M.D.	23b. ADDRESS 1630 N. Jefferson, Springfield, Mo.	23c. DATE SIGNED 9/16/53
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24a. BURIAL, CREMATION, OR TISSUE REMOVAL (Specify) Burial	24b. DATE 9-17-53	24c. NAME OF CEMETERY OR CREMATORY Timber Ridge Cemetery	24d. LOCATION (City, town, or county) (State) Webster Co. Mo.
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DATE REC'D BY LOCAL REG. 9-16-53	REGISTRAR'S SIGNATURE Edith Williams	25. FUNERAL DIRECTOR'S SIGNATURE J.W. Klingner & Co.	ADDRESS Springfield, Mo.
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

MAR 17 1954

SEP 21 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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 407
P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.