

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32568

State File No. ....

FILED SEP 18 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 4403 Registrar's No. 45

0180

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

1. PLACE OF DEATH a. COUNTY <u>Demiseat</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Arkansas</u> COUNTY <u>Woodruff</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Steele</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>McCrory, Ark.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>Route # 2</u>	
3. NAME OF DECEASED a. (First) <u>Dave</u>		c. (Last) <u>Price</u>	
b. (Middle)		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 9, 1953</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>7-24-1895</u>
9. AGE (In years last birthday) <u>58</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>
12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/>		13a. FATHER'S NAME <u>Will Price</u>	
13b. MOTHER'S MAIDEN NAME <u>Ann Highsmith</u>		14. NAME OF HUSBAND OR WIFE <u>Beadie Price</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>414-22-9094</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Beadie Price</u>		ADDRESS <u>McCrory, Ark. #1</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</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 <u>4201</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>Sept 9 1953</u>		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 <u>Sept 9, 1953</u> , to <u>Sept 9, 1953</u> , that I last saw the deceased <u>Sept 9, 1953</u> , and that death occurred at <u>11 A. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Wm. C. Wilson M.D.</u>		23b. ADDRESS <u>Steele, Tenn</u>	
23c. DATE SIGNED <u>9/13/53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>9-11-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shiloh Park</u>	
24d. LOCATION (City, town, or county) (State) <u>Hardin Co. Tenn</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thompson-Wilson</u>	
DATE REC'D BY LOCAL REG. <u>SEP 19 1953</u>		REGISTRAR'S SIGNATURE <u>Elyde A. Bridges</u>	
ADDRESS <u>McCrory, Ark.</u>		ADDRESS <u>McCrory, Ark.</u>	

9-294-53

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

SEP 16 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

*John H. German*

Signed.....

Student Embalmer

Licensed Embalmer No. 4355

P. O. Address Hayti, 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.