

FILED OCT 11 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29889**  
Registrar's No. **1057**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

1. PLACE OF DEATH  
a. COUNTY **Buchanan**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Missouri** b. COUNTY **Buchanan**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Joseph**

c. CITY OR TOWN **St. Joseph**

d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **Missouri Methodist Hospt.**

e. STREET ADDRESS (If rural, give location) **Route 5, Mansfield Road** **D 110**

3. NAME OF DECEASED  
a. (First) **RAYMOND** b. (Middle) **HAROLD** c. (Last) **PRICE**

4. DATE OF DEATH (Month) (Day) (Year) **Sept. 25, 1954**

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **Dec. 6, 1906**

9. AGE (In years) (Months) (Days) (Hours) (Min.) **47**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Meat Inspector**

10b. KIND OF BUSINESS OR INDUSTRY **U.S. Govt.**

11. BIRTHPLACE (City and State or Foreign Country) **Lebanon, Missouri**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Edward L. Price**

13b. MOTHER'S MAIDEN NAME **Frances Stites**

14. NAME OF HUSBAND/OR WIFE **Juanita Price**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No**

16. SOCIAL SECURITY NO. **530-20-7337**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Juanita Price, Rt. 5, St. Joseph, Mo**

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  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Myocardial Infarction**  
  
ANTECEDENT CAUSES  
DUE TO (b) **Thrombosis, bilateral Coronary**  
DUE TO (c) **Coronary Sclerosis**  
  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
**10 days**  
**10 days**  
**6 yrs.**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION **4201**

20. AUTOPSY? YES  NO

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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **9/20/54**, 19**54**, to **9/25/54**, 19**54**, that I last saw the deceased alive on **9/25/54**, 19**54** and that death occurred at **6:45am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **M. D.**

23b. ADDRESS **705 Francis, St. Joseph, Mo.**

23c. DATE SIGNED **9/28/54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **Sept. 30, 54**

24c. NAME OF CEMETERY OR CREMATORY **Lebanon Cemetery**

24d. LOCATION (City, town, or county) (State) **Lebanon, Missouri**

DATE REC'D BY LOCAL REG. **Oct 6, 1954**

REGISTRAR'S SIGNATURE **Kathleen M. Allison** **485**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Clark Funeral Home St. Joseph, Mo.**

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

JUN 1 1 1962

NOV 2 2 1961

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

Student.....  
Signature of Student Embalmer

Signed E. A. Clark.....

Licensed Embalmer No. 473

P. O. Address St. George.....

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.