

790

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH.

State File No. **31372**
Registrar's No. **108**

FILED SEP 16 1954

BIRTH NO. _____		REG. DIST. NO. 273		PRIMARY REG. DIST. NO. 5914		Registrar's No. 108		
1. PLACE OF DEATH a. COUNTY Perry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Perry				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brazeau, Mo.		c. LENGTH OF STAY (In this place) Life		c. CITY OR TOWN Brazeau		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) 0790				
3. NAME OF DECEASED (Type or Print) a. (First) Julia			b. (Middle) _____			c. (Last) Price		
4. DATE OF DEATH (Month) (Day) (Year) Aug. 26, 1954								
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept. 6, 1853		
9. AGE (In years last birthday) 100		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) Retired Housewife			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) 0 Perry County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Ezekiel Knox			13b. MOTHER'S MAIDEN NAME Mary Hughey			14. NAME OF HUSBAND OR WIFE Richard Price		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. L.E. Harriman Brazeau, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Chronic Arteriosclerosis 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.					INTERVAL BETWEEN ONSET AND DEATH 1 mo	
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) 4021				
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? _____				
22. I hereby certify that I attended the deceased from Aug 2, 1954 , to Aug 26, 1954 , that I last saw the deceased alive on Aug 25, 1954 , and that death occurred at 8:10 A. m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Theodore Fischer M.D.				23b. ADDRESS Altenburg, Mo		23c. DATE SIGNED 8-27-54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 29, 1954		24c. NAME OF CEMETERY OR CREMATORY Presbyterian Cemetery		24d. LOCATION (City, town, or county) (State) Brazeau, Missouri		
DATE REC'D BY LOCAL REG. 9-1-54		REGISTRAR'S SIGNATURE Joe J. Zellmer		25. FUNERAL DIRECTOR'S SIGNATURE Young & Sons Perryville Mo		ADDRESS _____		

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

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 *Wallace Young*.....
Licensed Embalmer No. *402*

P. O. Address *Perryville*

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.