

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 21 1954
XC-14 677 632
SL- 2341
BIRTH NO. _____

State File No. _____
8366
Registrar's No. _____

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS		b. COUNTY CHRISTIAN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 915 N. Grand, St. Louis, Mo.		c. LENGTH OF STAY (in this place) 36 days		c. CITY OR TOWN TAYLORVILLE.	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.		e. STREET ADDRESS (If rural, give location) 114 E. Main Street		4. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) a. (First) THOMAS			b. (Middle) -			c. (Last) PRICE			4. DATE OF DEATH (Month) (Day) (Year) 9-10-54				
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, DIVORCED		8. DATE OF BIRTH 2-12-1895		9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Of the kind of work done during most of working life, even if retired) Barber				10b. KIND OF BUSINESS OR INDUSTRY Barber Shop				11. BIRTHPLACE (City and State or Foreign Country) Stonington, Illinois				12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME David Price		13b. MOTHER'S MAIDEN NAME Margaret Livergood		14. NAME OF HUSBAND OR WIFE None	
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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) yes WW-I		16. SOCIAL SECURITY NO. 344-07-7353		17. INFORMANT'S SIGNATURE OR NAME VA Hosp. Records, 915 N. Grand, St. Louis, Mo.		ADDRESS	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMATOSIS ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) CARCINOMA OF RECTUM rise to the above cause (a) stating the underlying cause last. 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 UNK.	
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19a. DATE OF OPERATION 8-16-54		19b. MAJOR FINDINGS OF OPERATION Subcutaneous metastatic carcinoma				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)	
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? 154X	

22. I hereby certify that I attended the deceased from 8-5-54, 19__, to 9-10-54, 19__, and that death occurred at 2:15 am., from the causes and on the date stated above.

23. SIGNATURE OF REGISTRAR Henry Westphaelinger M.D.		23b. ADDRESS VAH, 915 N. Grand, St. Louis, Mo.		23c. DATE SIGNED 9-10-54	
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24. BIRTHAL REMOVAL (Specify)		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
REMOVED - MOTOR 9-13-54				TAYLORVILLE, ILL.	

DATE REC'D BY LOCAL REG. SEP 13 1954		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SOUTHERN FUNERAL HOME 6322 S. GRAND ST. LOUIS, MO	
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USE PREVIOUS EDITIONS OF THIS FORM - 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
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
David V. [Signature]

Licensed Embalmer No.

P. O. Address 6322 801.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.