

FILED DEC 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40355

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 58 PRIMARY REG. DIST. NO. 5212 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>CARTER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>MISSOURI</u> b. COUNTY <u>CARTER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>VAN BUREN RT 3</u>		c. LENGTH OF STAY (In this place)	
c. CITY (If outside corporate limits, write RURAL and give township) <u>VAN BUREN RT. 3</u>		d. STREET ADDRESS (If rural, give location) <u>RT 3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		0180	
3. NAME OF DECEASED a. (First) <u>LILLIE</u> (Type or Print)		b. (Middle) <u>MAE</u>	
c. (Last) <u>PRICE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 12 1954</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>NOV. 11, 1895</u>
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life of last year) <u>HOUSE WORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ILL.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>FRANK NEWMAN</u>	
13b. MOTHER'S MAIDEN NAME <u>MILLIE HAMMERS</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN P. 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>NO</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>John P. Price</u>		ADDRESS <u>U.S.A.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral 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>331 X</u>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>12-10, 1954</u> to <u>12-12, 1954</u> that I last saw the deceased alive on <u>12-12, 1954</u> and that death occurred at <u>6 P. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>E. S. ...</u>		23b. ADDRESS <u>Piedmont Mo.</u>	
23c. DATE SIGNED <u>12-15-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>DEC. 14-54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>MASONIC CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>PIEDMONT MO.</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 16-54</u>		REGISTRAR'S SIGNATURE <u>Mrs Octa Henson</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman W. ...</u>		ADDRESS <u>Piedmont Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0180

MO

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 _____

me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Mervin E. Bowler*

Licensed Embalmer No. *4426*

P. O. Address *Westmont, 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.