No. 300
10.48

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

FILED MAR 14 1955

THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 3997

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 254

**1. PLACE OF DEATH**
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (In this place): over 50 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1909 Washington Avenue

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
e. STREET ADDRESS (If rural, give location): 1909 Washington Avenue 0117 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): FRANK
b. (Middle): HENRY
c. (Last): PRICE JR

**4. DATE OF DEATH** (Month) (Day) (Year): March 1 1955

**5. SEX**: Male 0

**6. COLOR OR RACE**: White

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

**8. DATE OF BIRTH**: Dec. 17, 1886

**9. AGE** (In years last birthday): 68
IF UNDER 1 YEAR: Months ____ Days ____ IF UNDER 24 HRS.: Hours ____ Min. ____

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

**10b. KIND OF BUSINESS OR INDUSTRY**: Retail Meat Mkt.

**11. BIRTHPLACE** (City and State or Foreign Country): Atchison Kansas

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

**13a. FATHER'S NAME**: Frank H. Price Sr.

**13b. MOTHER'S MAIDEN NAME**: Lilly P. (unk)

**14. NAME OF HUSBAND OR WIFE**: Mrs. Annie Price

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

**16. SOCIAL SECURITY NO.**: 491-09-3612

**17. INFORMANT'S SIGNATURE OR NAME**: Mrs. Annie Price
ADDRESS: 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) General Arteriosclerosis — Unk.
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**: 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) m.

**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* 3/1, 1955, *to* 3/1, 1955, *that I last saw the deceased alive on* 3/1, 1955, *and that death occurred at* 4:50P *m., from the causes and on the date stated above.*

**23a. SIGNATURE**: H F Mundy (Degree or title): MD

**23b. ADDRESS**: 2801 Sacramento St. Joseph, Missouri

**23c. DATE SIGNED**: 3/2/55

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

**24b. DATE**: Mar. 4, 1955

**24c. NAME OF CEMETERY OR CREMATORY**: Ashland Cemetery

**24d. LOCATION** (City, town, or county) (State): St. Joseph Missouri

DATE REC'D BY LOCAL REG.: March 10, 1955

REGISTRAR'S SIGNATURE: Esther M. Allison 485

25. FUNERAL DIRECTOR'S SIGNATURE: Stamey Funeral Home
ADDRESS: St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

APR 26 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..Charles E. Bennett.....

Licensed Embalmer No...4677...

P. O. Address St. Joseph, M

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