

FILED MAR 31 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7582

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u> <u>6002</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Excelsior Springs</u> )		c. LENGTH OF STAY (in this place) <u>1 week</u>	c. CITY OR TOWN <u>Excelsior Springs</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Excelsior Springs Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		f. STREET ADDRESS (If rural, give location) <u>Marion &amp; Tracy</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lela</u>	b. (Middle) <u>Melvina</u>	c. (Last) <u>Price</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 6, 1955</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov, 16, 1916</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Brookfield, Missouri</u>	9. AGE (In years last birthday) <u>38</u>
		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	IF UNDER 1 YEAR Months _____ Days _____
		IF UNDER 14 HRS. Hours _____ Min. _____	

13a. FATHER'S NAME <u>William Joseph Leaton</u>	13b. MOTHER'S MAIDEN NAME <u>Mamie Mariah Stufflebean</u>	14. NAME OF HUSBAND OR WIFE <u>Orlando Price, Jr</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>497-30-6736</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Orlando Price, Jr. Excelsior Springs, Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma metastasis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Type undetermined</u> DUE TO (c) <u>pending Pathology report</u>		
	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	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.	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 15 Feb, 1955 to 3-6, 1955, that I last saw the deceased alive on 3-6, 1955 and that death occurred at 10:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>George E. Anderson M.D.</u> (Degree or title)	23b. ADDRESS <u>Excelsior Springs, Mo</u>	23c. DATE SIGNED <u>3-6-55</u>
24b. DATE <u>March, 8, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Brookfield, Missouri</u>

DATE REC'D BY LOCAL REG. <u>3/8/55</u>	REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Prichard Funeral Home, Excelsior Springs, Mo</u>
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

JUN 1  
1956

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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 *Linda Garrison*.....

Licensed Embalmer No. *45*.....  
P. O. Address *Excelsior Springs*.....

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.