

FILED MAR 15 1955

STANDARD CERTIFICATE OF DEATH

422

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 14

1. PLACE OF DEATH  
 a. COUNTY Henry  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton  
 c. LENGTH OF STAY (in this place) 4 mo  
 d. FULL NAME OF HOSPITAL OR INSTITUTION 416 S. main

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE Missouri b. COUNTY Henry  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton 04220  
 d. STREET ADDRESS (If rural, give location) 416 So Main

3. NAME OF DECEASED (Type or Print)  
 a. (First) Earl b. (Middle) Franklin c. (Last) Price  
 4. DATE OF DEATH (Month) (Day) (Year) Mar 8 1955

5. SEX M 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married  
 8. DATE OF BIRTH Oct 20, 1897 9. AGE (In years last birthday) 57 # CHILDREN - YEAR 4 16 # CHILDREN IN RES. Hours Min.  
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brick Mason  
 10b. KIND OF BUSINESS OR INDUSTRY Brick work  
 11. BIRTHPLACE (State or foreign country) Conway Mo 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Williams Harrison Price 13b. MOTHER'S MAIDEN NAME Nora Ellen Bell 14. NAME OF HUSBAND OR WIFE Ethel 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. 444-09-1438 17. INFORMANT'S SIGNATURE OR NAME Ethel Price ADDRESS 416 So Main Clinton

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Inanition and Depilitation  
 ANTECEDENT CAUSES Carcinomatosis DUE TO (b) Hodgkins Disease  
 \*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 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  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) \_\_\_\_\_ 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 12-3- 1955, to 3-8- 1955, that I last saw the deceased alive on 3-8- 1922, and that death occurred at 11:02 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm. C. Sunderwith 23b. ADDRESS D. O. 105 East Ohio Clinton, Mo. 23c. DATE SIGNED 3-8-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Mar. 10, 1955 24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery 24d. LOCATION (City, town, or county) (State) Bolivar, Mo.

DATE REC'D BY LOCAL REG. Mar-8-55 REGISTRAR'S SIGNATURE Florence Adair FUNERAL DIRECTOR'S SIGNATURE Blue Bolivar, Mo. ADDRESS \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

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

12345

APR 11 1951

**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 .....  
Student Embalmer

Signed *Willard S. Erwin*

Licensed Embalmer No. *3092*

P. O. Address *Bulivar, 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.