

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13032

State File No.

FILED APR 26 1955		REG. DIST. NO. 316		PRIMARY REG. DIST. NO. 3060		Registrar's No. 111	
1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE Missouri b. CITY St. Francois (Institution).			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Farmington)		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Farmington		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 201 E. First St.				STREET ADDRESS (If rural, give location) 201 E. First St. 0940			
3. NAME OF DECEASED a. (First) Elsie			b. (Middle) Marie		c. (Last) Price		4. DATE OF DEATH (Month) (Day) (Year) April 19 1955
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 23, 1900		9. AGE (In years) (Months) (Days) (If under 1 year) (If under 24 hrs. Hours) (Min.) 55-0-26		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Charles, County Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Charles Penny			13b. MOTHER'S MAIDEN NAME Nettie Studer		14. NAME OF HUSBAND OR WIFE Edward Price		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 490-03-9044		17. INFORMANT'S SIGNATURE OR NAME Edward Price ADDRESS Farmington, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of cervix with generalized metastases 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 <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					INTERVAL BETWEEN ONSET AND DEATH 2 yrs.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					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) 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 1-22, 1955 , to 4-19, 1955 , that I last saw the deceased alive on 4-19, 1955 , and that death occurred at 10:30 m., from the causes and on the date stated above.							
23a. SIGNATURE Royce L. Watkins M.D. (Degree or title)				23b. ADDRESS Farmington, Mo.		23c. DATE SIGNED 4-20-55	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE April 22-55	24c. NAME OF CEMETERY OR CREMATORY Parkview Cem.		24d. LOCATION (City, town, or county) (State) Farmington, Mo.		
DATE RECEIVED BY LOCAL REG. Apr 20 1955		REGISTRAR'S SIGNATURE E. R. Redlog 28770		25. FUNERAL DIRECTOR'S SIGNATURE Cozean ADDRESS Farmington, Mo.			

(Licensed Embalmers' Statement on Reverse Side)

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

JUN 1 1955

5561 C-770

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.....
C. Hoyle

Licensed Embalmer No. 408

P. O. Address Farmington

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.