

FILED MAY 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14753

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 4054		Registrar's No. 494	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) Rushville - Town		c. LENGTH OF STAY (in this place) Life		c. CITY OR TOWN Rushville		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 Rushville, Mo.				f. STREET ADDRESS (If rural, give location) 0110			
3. NAME OF DECEASED (Type or Print) a. (First) Agatha b. (Middle) Fenton c. (Last) Price			4. DATE OF DEATH (Month) (Day) (Year) May 13, 1955				
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH Jan. 22, 1884	
9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and State or Foreign Country) Rushville, Missouri	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Alfred Fenton		13b. MOTHER'S MAIDEN NAME Alice Long		14. NAME OF HUSBAND OR WIFE Ralph H. Price			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS R.G. Price, RR#1, Rushville, Missouri			
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 ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Woman died in her home while complaining of shortness of breath and pains in her left chest.				INTERVAL BETWEEN ONSET AND DEATH 1 day unknown	
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)		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>Viewed</u> on <u>5/13</u> , 19 <u>55</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1:45</u> p. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) H. F. Mundy M.D. (Coroner)				23b. ADDRESS St. Joseph Mo		23c. DATE SIGNED 5/14/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/15/1955		24c. NAME OF CEMETERY OR CREMATORY Sugar Creek Cem.		24d. LOCATION (City, town, or county) (State) Near Rushville, Missouri	
DATE REC'D BY LOCAL REG. May 18, 1955		REGISTRAR'S SIGNATURE Eather M. Allison		485-2		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Heaton-Bauman Funeral Home, St. Joseph, Mo.	

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

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

^{P.S.}
Signed..... *William Spading*

Licensed Embalmer No. *453*

P. O. Address *3195 11th St*

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.