

FILED JUN 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20297

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3027 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY <u>Harris Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bethany</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Ridgeway</u> <u>mo</u>	
c. LENGTH OF STAY (In this place) <u>15 Days</u>		d. STREET ADDRESS (If rural, give location) <u>08</u> <u>040</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Red Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bob A.</u> b. (Middle) <u>Alvin</u> c. (Last) <u>Price</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-20-56</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>12-1-1872</u>
9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR (Months) (Days) <u>6</u> <u>19</u>	IF UNDER 24 HRS. (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home work</u>	11. BIRTHPLACE (State or foreign country) <u>Bethany mo</u>
12. CITIZEN OF WHAT COUNTRY <u>us</u>			
13a. FATHER'S NAME <u>Donald Price</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Mottum</u>	14. NAME OF HUSBAND OR WIFE <u>Charles Price Deceased</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name unknown) (If yes, give major dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lesta Switzer, Cameron 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bilateral Broncho-pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> ANTECEDENT CAUSES DUE TO (b) <u>Generalized Arteriosclerosis</u> <u>15 yrs</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Pyelonephritis</u> <u>1 year</u>	
19a. DATE OF OPERATION <u>---</u>		19b. MAJOR FINDINGS OF OPERATION <u>-----</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>---</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>---</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>---</u> <u>---</u> <u>---</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>---</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>---</u>
22. I hereby certify that I attended the deceased from <u>6/3</u> , 19 <u>56</u> , to <u>6/20</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>6/20</u> , 19 <u>56</u> , and that death occurred at <u>11</u> a. m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Clern Catterey</u>		23b. ADDRESS <u>D.O., Bethany, Missouri</u>	23c. DATE SIGNED <u>6/21/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>6-22-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ridgeway Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>1/2 m west of Ridgeway mo</u>			
DATE REC'D BY LOCAL REG. <u>6-21/56</u>		REGISTRAR'S SIGNATURE <u>Zola Burris</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert R. Rogers</u>
		ADDRESS <u>Ridgeway mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

300  
48116  
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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 .....  
Student Embalmer

Signed

*Robert R. Boggers*

Licensed Embalmer No.

*23-76*

P. O. Address

*Pittsaway 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.