

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED OCT 22 1958

State File No. **36854**

BIRTH NO. _____		REG. DIST. NO. 373		PRIMARY REG. DIST. NO. 6267		Registrar's No. 43			
1. PLACE OF DEATH a. COUNTY WEBSTER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY WEBSTER					
b. CITY OR TOWN RURAL JACKSON		c. LENGTH OF STAY (If this place) 3 YRS		c. CITY OR TOWN RURAL JACKSON		d. STREET ADDRESS (If rural, give location) 4 MI. NE. ELLHARD			
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM THOMAS b. (Middle) PRICE c. (Last) PRICE				4. DATE OF DEATH (Month) (Day) (Year) SEPT 30 1956					
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH JUNE 5 1865			
9. AGE (In years last birthday) 91		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET FARMER		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) MISSOURI			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME WILLIAM PRICE		13b. MOTHER'S MAIDEN NAME THERSEY LATHROP		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME HENRY PRICE ELLHARD MO ADDRESS _____					
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, ashenia, 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) UREMIA				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ADVANCED ARTERIOLAN NEPHROSCLEROSIS DUE TO (c) ARTERIOSCLEROSIS				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 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 6-1, 1953 , to 9-30, 1956 , that I last saw the deceased alive on 9/29, 1956 , and that death occurred at 10/10 AM. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) [Signature]				23b. ADDRESS Marshallfield, Mo.		23c. DATE SIGNED 10/8/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 10-5-1956		24c. NAME OF CEMETERY OR CREMATORY MARLIN		24d. LOCATION (City, town, or county) (State) WEBSTER Co. MO			
DATE REC'D BY LOCAL REG. 10-15-56		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE BARBER-EDWARDS, MARSHFIELD. ADDRESS _____					

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

72

1000

1000

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



Licensed Embalmer No. 3548

P. O. Address



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.