

Health, Welfare, Public Service

FILED JUN 19 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

57-02-1286  
STATE FILE NUMBER  
2555

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>TOWN Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Richmond</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Northeast Hospital</b>		Length of stay in lb <b>10 days</b>		d. STREET (If outside, give location) ADDRESS <b>7000 Route # 2</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>VIRGINIA</b> Middle <b>MARIE</b> Last <b>PRICE</b>				4. DATE OF DEATH Month <b>May</b> Day <b>30</b> Year <b>1957</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 13 1927</b>	9. AGE (In years last birthday) <b>30</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Waitress</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Clovis New Mexico</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>Carl S Strong</b>			13b. MOTHER'S MAIDEN NAME <b>Vola M Roberts</b>		14. NAME OF HUSBAND OR WIFE <b>Paul E Price</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>525-54-5423</b>		17. INFORMANT Address <b>Paul E Price Route #2 Richmond Mo</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>acute lower nephron nephrosis</b> DUE TO (b) <b>transfusion reaction</b> DUE TO (c) <b>secondary anemia existing since birth</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>trans 2 yrs ago</b>						INTERVAL BETWEEN ONSET AND DEATH <b>8 Days</b> <b>8 Days</b>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>293X</b>					
20c. TIME OF INJURY Hour a.m. p.m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION			COUNTY	STATE
21. I attended the deceased from <b>May 30, 1957</b> to <b>May 30, 1957</b> and last saw her alive on <b>May 30, 1957</b> Death occurred at <b>8:52 a.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <b>Frank E Day D.O.</b>				22b. ADDRESS <b>4314 29th K.C. Mo.</b>		22c. DATE SIGNED <b>5-31-57</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>May 31 1957</b>		23c. NAME OF CEMETERY OR CREMATORY <b>-</b>		23d. LOCATION (City, town, or county) (State) <b>Richmond Missouri</b>		
24. FUNERAL DIRECTOR ADDRESS <b>Sheil Funeral Home Kansas City Mo</b>				25. DATE RECD. BY LOCAL REG. <b>5-31-57</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. Minshall</b>		

All diseases in Part I must be causally related.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
Frank E. Day



2011-0162

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 *Thomas A. Smith*

Licensed Embalmer No. *4054*  
P. O. Address *X.P. 1700*

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.