

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 023196
State File No. _____

FILED JUL 15 1957

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

BIRTH NO. _____		REG. DIST. NO. <u>324</u>		PRIMARY REG. DIST. NO. <u>3072</u>		Registrar's No. <u>125</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall, Mo.</u>		c. LENGTH OF STAY (In this place) <u>40Yrs.</u>		c. CITY OR TOWN <u>Marshall</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>689 W. Boyd</u>				e. STREET ADDRESS (If rural, give location) <u>689 W. Boyd</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u>			b. (Middle) <u>Hendrick</u>			c. (Last) <u>Price</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>July 8 1957</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>Oct. 2-1887</u>		9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>8</u>		IF UNDER 2 HRS. Hours <u></u> Mins. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter - Built Houses</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Marshall, Mo. R.F.D. 4</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>J.H. Price</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Virginia Hendrick</u>		14. NAME OF HUSBAND OR WIFE <u></u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War 1</u>		16. SOCIAL SECURITY NO. <u>495-10-6712</u>		17. INFORMANT'S SIGNATURE OR NAME <u>P.P. Price-</u>		ADDRESS <u>Slater, Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suicide with 410 gun</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Self inflicted</u> DUE TO (c) <u>Through heart.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>Inst.</u>	
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) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>His home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Marshall Saline MO.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7-8-57 2:30</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Self inflicted</u>			
22. I hereby certify that I attended the deceased from <u>July 8, 1957</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>July 8, 1957</u> , and that death occurred at <u>2:30 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>P.L. Lawrence M.P. Coroner Saline Mo.</u> (Degree or title) <u>3</u>				23b. ADDRESS <u>Marshall Mo.</u>		23c. DATE SIGNED <u>7-8-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/10/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ridge Park</u>		24d. LOCATION (City, town, or county) (State) <u>Marshall, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>7-9-57</u>		REGISTRAR'S SIGNATURE <u>Carl G. Reed</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. Leake Swenson - Marshall, Mo.</u>			

JUL 25 1957

JUL 30 1957
AUG 7 1957

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..... *J. Lishi Swenson*

Licensed Embalmer No. *22*

P. O. Address. *Marshall*

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.