

FILED OCT 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

STATE FILE NUMBER 34002

8822

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

| | | | | | |
|---|------------------------------------|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. Louis</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>ST. Louis</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2023 Arsenal</u> | | Length of stay in lb <u>4 yrs.</u> | d. STREET ADDRESS (If outside, give location) <u>2023 Arsenal</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>Medie</u> Middle Last <u>Price</u> | | | 4. DATE OF DEATH Month <u>Sept.</u> Day <u>20</u> Year <u>1957</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Dec. 5, 1876</u> | 9. AGE (In years last birthday) <u>80</u> | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>Tennessee</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13. FATHER'S NAME <u>unknown</u> | | | 14. MOTHER'S MAIDEN NAME <u>unknown</u> | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT Address <u>Archie Price 2023 Arsenal ST.</u> | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE - (a) <u>Chronic Myocarditis</u> Conditions, if any, which gave rise to, above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) - <u>422.2</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>six months</u> |
| 19a. 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.) <u>✓</u> | | |
| 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 <u>March 1 1957</u> to <u>Sept 20 1957</u> and last saw her alive on <u>Sept 19 1957</u> Death occurred at <u>4:15 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) <u>G. J. McFarland M.D.</u> | | | 22b. ADDRESS <u>2025 Jefferson</u> | | 22c. DATE SIGNED <u>9-20-57</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 23b. DATE <u>Sept. 20, 1957</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Concord Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Greenfield, Tennessee</u> | |
| 24. FUNERAL DIRECTOR ADDRESS <u>Wm B. L. & U. C. 2929 S. Jefferson</u> | | 25. DATE RECD. BY LOCAL REG. <u>SEP 20 57</u> | | 26. REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u> <u>m f. b.</u> | |

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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
Signature of Student Embalmer

Signed *Harold E. With*

Licensed Embalmer No. *435*

P. O. Address *2927 S. J*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.

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