

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38978

STATE FILE NUMBER

FILED NOV 6 1957

Registration District No. 366 Primary Registration District No. 4536 Registrar's No. 88

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institutional Residence before admission)	
a. COUNTY <u>Washington</u>	a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Potosi</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Potosi</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>905 Stone</u>		Length of stay in lb <u>years</u>	d. STREET ADDRESS (If rural, give location) <u>905 Stone</u>
			Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) <u>Almedia</u> <sup>First</sup> <u>Edith</u> <sup>Middle</sup> <u>Price</u> <sup>Last</sup>			4. DATE OF DEATH <u>Oct 31 1957</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 24 1888</u>	9. AGE (In years last birthday) <u>69</u>	10. IF UNDER 1 YEAR <u>3</u> Months <u>7</u> Days <u></u> Hours <u></u> 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 <u>own home</u>	11. BIRTHPLACE (City and state or country) <u>Lee Run Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Bale Chamberlin</u>			14. MOTHER'S MAIDEN NAME <u>Martha Brimm</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT <u>Cordelia Price Herculaneum Mo.</u> Address <u></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>hemorrhage &amp; severe anemia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Ca of Colon</u>	<u>153X</u> <u>2</u>
	DUE TO (c) <u></u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>arteriosclerosis &amp; hypertension</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.)	
20c. TIME OF INJURY <u>Hour</u> <u>Month, Day, Year</u> 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 <u>Potosi, Mo.</u>	COUNTY <u></u>	STATE <u></u>
21. I attended the deceased from <u>Oct 27 1957</u> to <u>Oct 31 1957</u> and last saw her <u>alive</u> on <u>Oct 31 1957</u> Death occurred at <u>1:00 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title) <u>Joseph R. Burnett</u>		22b. ADDRESS <u>Potosi, Mo.</u>	22c. DATE SIGNED <u>11/5/57</u>	

23a. BURIAL, CREATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11-4-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Summit Hills Cem</u>	23d. LOCATION (City, town, or county) <u>Washington Co. Mo.</u>	(State) <u></u>
24. FUNERAL DIRECTOR <u>Mr. Luther Spahr Potosi Mo.</u>		ADDRESS <u></u>	25. DATE RC'D. BY LOCAL REG. <u>11/5/57</u>	26. REGISTRAR'S SIGNATURE <u>Helmut Rudal</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAY 14 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 *Murphy Sparks*  
Licensed Embalmer No. *4239*  
P. O. Address *St. Paul, Minn.*

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.