

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 13 1958

58-004773
STATE FILE NUMBER

Registration District No. 59 Primary Registration District No. 4097 Registrar's No. 34

300
-57

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Harrisonville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Harrisonville</u> 019 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		Length of stay in 1b <u>7 Days</u>	d. STREET ADDRESS (If outside, give location) <u>304 W. Wall St</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED
(Type or print) First Middle Last
CLARENCE BROOKE PRICE JR.

4. DATE OF DEATH
Month Day Year
Mar 2 1958

5. SEX Male 6. COLOR OF RACE White 7. MARRIED NEVER MARRIED
WIDOWED DIVORCED 8. DATE OF BIRTH July 11 1879 9. AGE (In years last birthday) 78
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) Farmer 10b. KIND OF BUSINESS OR INDUSTRY Retired 11. BIRTHPLACE (City and state or country) Cass Co Mo 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Clarence Brooke Price 13b. MOTHER'S MAIDEN NAME Albina Deana Stephens 14. NAME OF HUSBAND OR WIFE Nanna Price

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. none 17. INFORMANT Clarence B. Price Address Harrisonville

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ARTERIO SCLEROTIC HEART DISEASE
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) NO
INTERVAL BETWEEN ONSET AND DEATH 8 years

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour Month Day Year
g.m. p.m. 8 P.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 8 P. 50 to MAR 2 1958 and last saw ^{her} him alive on MAR 2, 1958
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. H. Barger MD 22b. ADDRESS Harrisonville Mo 22c. DATE SIGNED MAR 4, 1958

23a. BURIAL, CREMATION, REMOVAL (specify) Burial 23b. DATE Mar 4 1958 23c. NAME OF CEMETERY OR CREMATORY Orient Cemetery 23d. LOCATION (City, town, or county) Harrisonville Mo.

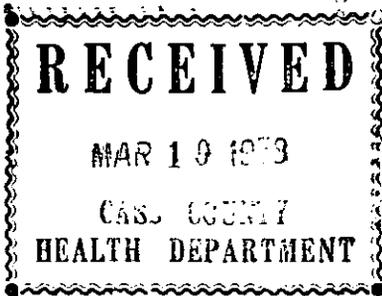
24. FUNERAL DIRECTOR Funerary Service Harrisonville Mo ADDRESS _____ 25. DATE RECD BY LOCAL REG Mar 3 1958 26. REGISTRAR'S SIGNATURE Dora Barward

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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VS APR 23 1959

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 *Ernest Rasmussen*

Licensed Embalmer No. *3368*
P. O. Address *Harrisonville*

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.