

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6011 58-029981

STATE FILE NUMBER

FILED AUG 27 1958

Registration District No. 294

Primary Registration District No. 6011

Registrar's No. 180

1. PLACE OF DEATH a. COUNTY <i>Randolph</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before institution) a. STATE <i>Missouri</i> b. COUNTY <i>Randolph</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Union</i>		c. CITY OR TOWN <i>Moberly</i> 0880	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>CR 2 Moberly</i>		d. STREET ADDRESS <i>RR 2</i> (If outside, give location)	
3. NAME OF DECEASED (Type or print) <i>WILLIAM - PRICE</i>		4. DATE OF DEATH <i>Aug 17 - 1958</i>	
5. SEX <i>Male</i>	6. COLOR OF RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>April 2 1892</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, seen if retired) <i>Police Retired</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Monroe County, U.S.A.</i>
13. FATHER'S NAME <i>James Price</i>		14. MOTHER'S MAIDEN NAME <i>Mary E. Capp</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No -</i>		16. SOCIAL SECURITY NO. <i>H91-07-2299</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arteriosclerotic Heart Disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Unknown</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		4200	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 Hour _____ Month, Day, Year _____ 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 <i>9-18-58</i> to <i>9-17-58</i> and last saw ^{her} _{him} alive on <i>8-17-58</i> Death occurred at <i>8:00</i> A. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>H. C. Kelley D.O.</i>		22b. ADDRESS <i>Moberly, Mo</i>	22c. DATE SIGNED <i>8-18-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Aug 20 - 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Lugard Creek Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Moberly, Missouri</i>
24. FUNERAL DIRECTOR <i>Cath. Funeral Home</i>		ADDRESS <i>Moberly, Mo</i>	DATE RECD. BY LOCAL REG. <i>8-20-58</i>
REGISTRAR'S SIGNATURE <i>Lea Williams</i>			

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service 880 300 1-56
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....
Jerry R. Carter

Licensed Embalmer No. *4906*

P. O. Address *Mobile, Ala.*

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.