

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022602
STATE FILE NUMBER

JUL 14 1959 Registration District No. 316 Primary Registration District No. 3061 Registrar's No. 258

300
1-57

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <u>Mo.</u> b. COUNTY <u>ST. FRANCOIS</u>	
b. CITY OR TOWN <u>FLAT RIVER</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>FLAT RIVER</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	Length of stay in lb	STREET ADDRESS <u>99 1/2</u>	(If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>John Loriam Price</u>			4. DATE OF DEATH Month Day Year <u>June 25-1959</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 24, 1878</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months Days Hours Min. <u>10 25</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>St. Genevieve, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>ANDREW W. JACKSON</u>	13b. MOTHER'S MAIDEN NAME <u>Price Julia Ann Gray</u>	14. NAME OF HUSBAND OR WIFE <u>MRS. Berntha Brown, Flat River, Mo</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>496-14-5705</u>	17. INFORMANT <u>MRS. Berntha Brown, Flat River, Mo</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>CEREBRO-VASCULAR ACCIDENT</u>		INTERVAL BETWEEN ONSET AND DEATH <u>47 HOURS</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>VASCULAR HYPERTENSION</u>	<u>UNKNOWN</u>
	DUE TO (c) <u>DIABETUS MELLITUS</u>	<u>UNKNOWN</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>260X</u>		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 <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>6-23-59</u> to <u>6-25-59</u> and last saw him alive on <u>6-25-59</u> Death occurred at <u>11:55 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>C.S. Howell, D.O.</u> (Degree or title)	22b. ADDRESS <u>Flat River, Mo</u>	22c. DATE SIGNED <u>6-26-59</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>June 27, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Doe Run Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Doe Run, Mo.</u>
--	-----------------------------------	---	--

24. FUNERAL DIRECTOR <u>Raymond Caldwell and Sons Flat River, Mo</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>July 3, 1959</u>	26. REGISTRAR'S SIGNATURE <u>Cothran Rudloff</u>
---	---------	---	---

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

ALL diseases in Part I must be causally related.

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 *R. Caldwell*

Licensed Embalmer No. *2531*.....
P. O. Address *Flat River mo.*

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.