URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS NOV 23 1959

59-040308

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5409

IENDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ~~D~~Kansas City — Length of stay in 1b: 1 day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 811 Armour Apt 119 — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE ~~Mo~~ Okla. b. COUNTY ~~Jackson~~ Oklahoma
c. CITY OR TOWN ~~Kansas City~~ Oklahoma city — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 706 1/2 N. Broadway ~~811 Armour Apt. 119~~ — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ROWENA Middle A. Last PRICE
4. DATE OF DEATH: Month Nov. Day 8 Year 1959
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 9-21-~~59~~ 1887
9. AGE (last birthday): 72 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Charlestown, Indiana
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: WILLIAM. ARMSTRONG
13b. MOTHER'S MAIDEN NAME: SALLEY (UNKNOWN)
14. NAME OF HUSBAND OR WIFE: TALMADGE C PRICE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Maxine R. Price, Address 811 Armour, K.C., Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Coronary Occlusion
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): History of Heart & asthma
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 a.m. p.m. Month, Day, Year
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 _____, to _____ and last saw her/him alive on _____
Death occurred at 7:00 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Hugh H. Owens Coroner
22b. ADDRESS: 1034 Rialto Bldg
22c. DATE SIGNED: 11-9-59
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 11-10-59
23c. NAME OF CEMETERY OR CREMATORY: FOREST HILL
23d. LOCATION (City, town, or county) (State): KAMSAS CITY MISSOURI
24. FUNERAL DIRECTOR ADDRESS: Mellody-McGilley-Eylar Funeral Home 1800 E. Linwood
25. DATE RECD. BY LOCAL REG.: 11-10-59
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Hugh H. Owens

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed George A. Jacks

Signature of Student Embalmer

Licensed Embalmer No. 5059

P. O. Address K.C.M

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