URL DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS AUG 15 1960

-60-025865
STATE FILE NUMBER

ENDED

Registration District No. 38 Primary Registration District No. 5121 Registrar's No. 453

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Perche Twp. — Length of stay in 1b: 40 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.R.1, Harrisburg, Mo. — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Boone
c. CITY OR TOWN Harrisburg — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R. R. Perche Twp. — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First ELIZA Middle DOYLE Last PRICE

4. DATE OF DEATH: Month AUG. Day 9, Year 1960

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4/24/1894
9. AGE (last birthday): 66
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): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: ----
11. BIRTHPLACE (City and state or country): Boone County, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: William O. Dickerson
13b. MOTHER'S MAIDEN NAME: Anna C. Rupard
14. NAME OF HUSBAND OR WIFE: Herschel 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: Herschel Price Address: Harrisburg, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinoma of Breast with
DUE TO (b): Generalized Metastasis
DUE TO (c):
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

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 1-10 57 to Aug 9-60 and last saw her/him alive on 8-9-60.
Death occurred at 4:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Wm Bloom (Degree or title)
22b. ADDRESS: Fayette Mo.
22c. DATE SIGNED: 8-10-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8/11/1960
23c. NAME OF CEMETERY OR CREMATORY: Harrisburg, Cemetery
23d. LOCATION (City, town, or county) (State): Harrisburg, Missouri

24. FUNERAL DIRECTOR: Ralph A. Carr ADDRESS: Fayette, Mo.
25. DATE RECD. BY LOCAL REG.: 8-15-60
26. REGISTRAR'S SIGNATURE: Hunsardwinke M.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

AUG 19 1960

STATEMENT BY LICENSED EMBALMER

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

~~or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed Ralph A. Carr
Signature of Student Embalmer

Licensed Embalmer No. 3340

P. O. Address Fayette,

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.