

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

LED VS JUL 25 1960

-60-026205

INDEXED

Registration District No. 65 Primary Registration District No. _____ Registrar's No. 38 STATE FILE NUMBER

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|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>CHARITON</u> | | 2. USUAL RESIDENCE (Where deceased lived institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Chariton</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>TRiphett</u> | | Length of stay in 1b | c. CITY OR TOWN <u>TRiphett</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 | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |

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|--|----------------------------|---|---|---|--|
| 3. NAME OF DECEASED (Type or print) First <u>J. H.</u> Middle <u>PRICE</u> Last | | | 4. DATE OF DEATH Month <u>JULY</u> Day <u>17</u> Year <u>1960</u> | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W.</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>JULY 2/1878</u> | 9. AGE (last birthday) <u>82</u> | IF UNDER 1 YEAR IF UNDER 24 HR Months <u>0</u> Days <u>15</u> Hours <u>0</u> Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u> | 11. BIRTHPLACE (City and state or country) <u>Mechanicsville, VA, USA</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> |
| 13a. FATHER'S NAME <u>CHRISTIAN B. PRICE</u> | | 13b. MOTHER'S/MAIDEN NAME <u>Sarah Mustard</u> | | 14. NAME OF husband OR WIFE <u>Thara PRICE</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address <u>Mrs Thara price TRiphett MO</u> | | |

| | | |
|--|--------------------------------------|----------------------------------|
| 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) <u>ACUTE CORONARY INSUFFICIENCY</u> | | <u>2 HRS</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>CORONARY SCLEROSIS</u> | <u>UNK</u> |
| | DUE TO (c) | |

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| 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
|---|--|--|--|

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|---|---|--|---|
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 _____ a.m. _____ p.m. Month, Day, Year _____ | 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 JULY 17, 1960 to JULY 17, 1960 and last saw ^{her}him alive on JULY 17, 1960
 Death occurred at 5:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) <u>Kenneth L Prosenzano D.O.</u> | | 22b. ADDRESS <u>TRIPLETT, Mo.</u> | 22c. DATE SIGNED <u>7-18-60</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>7/19/60</u> | 23c. NAME OF CEMETERY OR PREPARATORY <u>McCullough</u> | 23d. LOCATION (City, town, or county) (State) <u>TRiphett MO</u> |
| 24. FUNERAL DIRECTOR <u>S. H. Ripert</u> | ADDRESS _____ | 25. DATE RECD. BY LOCAL REG. <u>July 18-60</u> | 26. REGISTRAR'S SIGNATURE <u>Army Walker, Deputy</u> |

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

JUL 26 1960

Kenneth F. Boalencour

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 _____
Signature of Student Embalmer

Signed A. R. Ripard

Licensed Embalmer No. 3970

P. O. Address Mendon

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.