URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 23 1960

-60-030749

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4026

NDED

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Length of stay in 1b: 6 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: OSTEOPATHIC HOSP. 11th & Harrison — Inside Limits: Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: INDEPENDENCE — Inside Limits: Yes XX No ☐
d. STREET ADDRESS (If outside, give location): 1224 T. C. LEE ROAD — Reside on Farm: Yes ☐ No XX

3. NAME OF DECEASED (Type or print): First WILLIAM Middle WALTER Last PRICE

4. DATE OF DEATH: Month AUGUST Day 4, Year 1960

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed XX Divorced ☐
8. DATE OF BIRTH: 7-1-1875
9. AGE (last birthday): 85 — 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): IRON WORKER
10b. KIND OF BUSINESS OR INDUSTRY: RETIRED
11. BIRTHPLACE (City and state or country): RAY CO., MISSOURI
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: ANDREW JACKSON PRICE
13b. MOTHER'S MAIDEN NAME: MARY JANE EARHARDT
14. NAME OF HUSBAND OR WIFE: MAUDE PRICE - Deceased

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.: UNKNOWN
17. INFORMANT: DR. CLARENCE J. PRICE, SPRINGFIELD, MO. Address

MEDICAL CERTIFICATION

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)	Bronchial pneumonia edema	48Hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Post surgical of fracture Rt hip	56 Hrs
DUE TO (c)	Intertrocantery fracture Rt hip	4days

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 X NO ☐
20a. ACCIDENT X SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell broke hip

20c. TIME OF INJURY: Hour 2 a.m. p.m. — Month, Day, Year 7-30-60

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.): Home in yard
20f. CITY, TOWN, OR LOCATION: Independence Mo — COUNTY: Jackson — STATE: Mo

21. I attended the deceased from 7-30-60, to 8-4-60 and last saw her/him alive on 8-4-60
Death occurred at 5:45 A/M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] M.D.
22b. ADDRESS: 831 S. Noland Independence
22c. DATE SIGNED: 8-5-60

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 8-6-1960
23c. NAME OF CEMETERY OR CREMATORY: MOUND GROVE CEMETERY
23d. LOCATION (City, town, or county) (State): INDEPENDENCE, MISSOURI

24. FUNERAL DIRECTOR: GEO. C. CARSON & SONS, INDEPENDENCE, MO. — ADDRESS
25. DATE RECD. BY LOCAL REG.: 8-5-60
26. REGISTRAR'S SIGNATURE: H. L. Dwyer, M.D.

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF

DOCUMENT

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 [illegible]

Licensed Embalmer No. 4096

P. O. Address Indep, Mo

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