

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037871

FILED VS NOV 2 1960

88

Primary Registration District No. 5327

Registrar's No. 30

STATE FILE NUMBER

INDEXED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Crawford		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Crawford	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Union		Length of stay in 1b 24 yr.	c. CITY OR TOWN Union
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6 mi. SW of Steelville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) SAME AS I.C.
3. NAME OF DECEASED (Type or print) First Esi Middle Edward Last Price		4. DATE OF DEATH Month 10 Day 21 Year 60	
5. SEX MALE	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-7-98
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) well Driller		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 62
11. BIRTHPLACE (City and state or country) Des Moines, IA.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Joseph Price		13b. MOTHER'S MAIDEN NAME Ethel Stenman	14. NAME OF HUSBAND OR WIFE HALA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 486-14-9132	17. INFORMANT Mrs. E.E. Price Address Route 2 Steelville, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Leukemia DUE TO (b) DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 5 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 Aug 11, 1949 to Oct 20, 1960 and last saw ^{her} him alive on Oct. 20, 1960 Death occurred _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE [Signature] (Degree or title)		22b. ADDRESS Steelville Mo	22c. DATE SIGNED 10/24/60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 10-25-60	23c. NAME OF CEMETERY OR CREMATORY Keysville	23d. LOCATION (City, town, or county) (State) Crawford Co. Mo.
24. FUNERAL DIRECTOR Harry M. Jonas ADDRESS Steelville		25. DATE RECD. BY LOCAL REG. 10/29/60	26. REGISTRAR'S SIGNATURE Mrs. Hazel Lichner

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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 Harry M. Jones

Licensed Embalmer No. 2628

P. O. Address Steelville

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