

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-001589

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

FILED VS FEB AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 401

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY JOHNSON									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b -		c. CITY OR TOWN MISSION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKES HOSPITAL			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 6141 WALMER		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First HENRY Middle G. Last PRICE				4. DATE OF DEATH Month 1 Day 21 Year 1961									
5. SEX MALE		6. COLOR OR RACE CAUCASIAN		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7-15-25		9. AGE (last birthday) 35		IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>		IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) REGIONAL SALES MANAGER -				10b. KIND OF BUSINESS OR INDUSTRY GENERAL ELECTRIC CORPORATION				11. BIRTHPLACE (City and state or country) PITTSBURGH, PA.		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME H. S. PRICE, SR.				13b. MOTHER'S MAIDEN NAME PEARL GUINN				14. NAME OF HUSBAND OR WIFE MRS. DOROTHY PRICE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (WORLD WAR II)				16. SOCIAL SECURITY NO.		17. INFORMANT S Address MISSION, KAS MRS. DOROTHY PRICE, 6141 WALMER							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Malignant infiltrating glioma of pons										INTERVAL BETWEEN ONSET AND DEATH 6 months.			
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)								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 checked="" 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 Dec 30, 1960 to Jan 21, 1961 and last saw ^{him} alive on Jan 21, 1961 Death occurred at 2:10 P. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Edward C. Weiford, M.D.						22b. ADDRESS 4706 Broadway, Kansas City, Mo.			22c. DATE SIGNED Jan 23, 1961				
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JAN. 24, 1961		23c. NAME OF CEMETERY OR CREMATORIUM MT. MORIAH CEMETERY		23d. LOCATION (City, town, or county) KANSAS CITY MISSOURI							
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS KANSAS CITY, MO.				25. DATE RECD. BY LOCAL REG. 1-24-61		26. REGISTRAR'S SIGNATURE Ruth Long							

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 Edward C. Weiford
 SHOULD READ
 ITEM NO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Vern Lawler

Licensed Embalmer No. 4915

P. O. Address K.C. Mo.

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.