

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-025424

3354

STATE FILE NUMBER

AMENDED

Registration District No.

FILED JUL 26 1961

Primary Registration District No. 1002

Registrar's No.

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Don A. Black

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 41 yrs.		c. CITY OR TOWN Kansas City		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7339 Forest Ave.			Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) 7339 Forest Ave.		Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) First MATTIE Middle ETTA Last PRICE				4. DATE OF DEATH Month 7 Day 2 Year 61			
5. SEX Female		6. COLOR OR RACE White		7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐		8. DATE OF BIRTH 11-15-80	
9. AGE (last birthday) 80		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) Cook				10b. KIND OF BUSINESS OR INDUSTRY Hospitals		11. BIRTHPLACE (City and state or country) Graveston, Tennessee U.S.A.	
12. CITIZEN OF WHAT COUNTRY U.S.A.							
13a. FATHER'S NAME Linville Graves				13b. MOTHER'S MAIDEN NAME Sarah Ann Aiken		14. NAME OF HUSBAND OR WIFE Charles T. Price	
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. "unknown"		17. INFORMANT Mr. Richard Price; 48 East 53rd. St.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterial sclerotic Heart Disease 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. ☐ 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 1959 to 7-2-61 and last saw her alive on 6-28-61 Death occurred at 130 P m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Don A. Black (Degree or title)				22b. ADDRESS 924 Oak Bldg. - K.C., Mo.		22c. DATE SIGNED 7-5-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-8-61		23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
24. FUNERAL DIRECTOR WEILERT FUNERAL HOMES (S) K.C., MO.				25. DATE RECD. BY LOCAL REG. 7-5-61		26. REGISTRAR'S SIGNATURE Ruth Long	

(Licensed Embalmer's Statement on Reverse Side)

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 Jack T. Moore

Licensed Embalmer No. 4729

P. O. Address Kansas City

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.