

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025795

STATE FILE NUMBER

AMENDED

Registration District No. 164 Primary Registration District No. 4252 Registrar's No. 97

FILED AUG 7 1961

1. PLACE OF DEATH
 a. COUNTY Johnson
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg Length of stay in 1b 11 hrs
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Warrensburg Med. Center Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY Johnson
 c. CITY OR TOWN Centerview Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) R 1 Reside on Farm Yes No

3. NAME OF DECEASED (Type or print)
 First Leslie Middle J. Last Price
 4. DATE OF DEATH
 Month July Day 25 Year 1961

5. SEX male 6. COLOR OR RACE white 7. Married Never Married
 Widowed Divorced
 8. DATE OF BIRTH Jan 15-1898 9. AGE (last birthday) 63
 IF UNDER 1 YEAR: Months 63 Days 0 Hours 0 Min. 0
 IF UNDER 24 HR: Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer
 10b. KIND OF BUSINESS OR INDUSTRY Agriculture
 11. BIRTHPLACE (City and state or country) Beaver City, Nebr.
 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME John Price 13b. MOTHER'S MAIDEN NAME Sarah Knight
 14. NAME OF HUSBAND OR WIFE Mrs. Gertrude Price

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
 17. INFORMANT Gertrude Price, Centerview, Mo. R 1 Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Acute Circulatory Failure
 DUE TO (b) Massive Subarachnoid Hemorrhage
 DUE TO (c) Ruptured Aneurysm right middle Cerebral Artery
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 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 location of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour 11:00 a.m. p.m. Month, Day, Year July 25, 1961

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 Warrensburg, Mo. COUNTY Johnson STATE Mo.

21. I attended the deceased from July 25, 1961 to July 25, 1961 and last saw her/him alive on July 25, 1961
 Death occurred at 11:00 p.m., on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Deed M. Larson (Degree or title)
 22b. ADDRESS Warrensburg, Mo.
 22c. DATE SIGNED Jul 29, 1961

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
 23b. DATE 7-27-1961
 23c. NAME OF CEMETERY OR CREMATORY Mt. Tabor
 23d. LOCATION (City, town, or county) Odessa, Lafayette Mo.

24. FUNERAL DIRECTOR Ralph O. Jones, Odessa, Mo. ADDRESS
 25. DATE RECD. BY LOCAL REG. July 29, 1961
 26. REGISTRAR'S SIGNATURE Lavanna Smithfield

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

AUG 9 1961

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 Ralph O. Jones

Licensed Embalmer No. 4604

P. O. Address Odessa, m

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.