

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-033781
STATE FILE NUMBER

AMENDED FILED OCT 9 1961 No. 274 Primary Registration District No. 2052 Registrar's No. 205

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis				
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		Length of stay in 1b 4 days		c. CITY OR TOWN Sedalia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2428 Poplar Place		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First CORA Middle E. Last PRICE			4. DATE OF DEATH Month September Day 30 Year 1961					
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9/16/1875	9. AGE (last birthday) 86	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary & Seamstress			10b. KIND OF BUSINESS OR INDUSTRY Sewing		11. BIRTHPLACE (City and state or country) Paris, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Frank Price			13b. MOTHER'S MAIDEN NAME Golden Freeman			14. NAME OF HUSBAND OR WIFE none		
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. not given		17. INFORMANT Address Mrs Frances Finley, Sedalia, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic Pneumonia							INTERVAL BETWEEN ONSET AND DEATH 7 days	
DUE TO (b) Generalized arteriosclerosis							5 years.	
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 checked="" 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 _____ 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 July 1959 to July Sept 30, 1961 and last saw her alive on Sept. 30, 1961 Death occurred at 3:20p on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) T.S. Hopkins, M.D.				22b. ADDRESS 1609 S. First Sedalia Mo.			22c. DATE SIGNED 10-2-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct. 2, 1961	23c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery		23d. LOCATION (City, town, or county) Sedalia Missouri		(State)	
24. FUNERAL DIRECTOR ADDRESS D.W. Heckart, Gillespie Funeral Home Sedalia, Missouri			25. DATE RECD. BY LOCAL REG. 10-4-1961		26. REGISTRAR'S SIGNATURE Frances Shelby			

(Licensed Embalmer's Statement on Reverse Side)

OCT 10 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

Licensed Embalmer No. 3470

P. O. Address _____

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.