

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-040767

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1136

AMENDED

FILED NOV 28 1961

1. PLACE OF DEATH
 a. COUNTY Greene
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Springfield Length of stay in lb 80
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Handley Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo' b. COUNTY Greene
 c. CITY OR TOWN Springfield Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 515 E Tampa St. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Jesse Middle Price Last Price
4. DATE OF DEATH Month November Day 21 Year 1961

5. SEX Male
6. COLOR OR RACE Negro
7. Married Never Married Widowed Divorced

8. DATE OF BIRTH Nov '26 81
9. AGE (last birthday) 79
 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) Retired
10b. KIND OF BUSINESS OR INDUSTRY Maintainance
11. BIRTHPLACE (City and state or country) Springfield Mo'
12. CITIZEN OF WHAT COUNTRY U S A

13a. FATHER'S NAME Pete Price
13b. MOTHER'S MAIDEN NAME Martha Wallace
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) Yes (If yes, give war or dates of service) Spanish-American
16. SOCIAL SECURITY NO. None
17. INFORMANT Doris Knight Address 817 E Brower 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) Chronic Brain Syndrome
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) associated to Cerebral Arteriosclerosis
 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 Month, Day, Year
 a.m. p.m.

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 Springfield COUNTY Greene STATE Mo'

21. I attended the deceased from 10/26/61 to 11/21/61 and last saw him alive on 11/21/61
 Death occurred at 3:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Lynn D. Brown M.D.
22b. ADDRESS 311 1/2 College
22c. DATE SIGNED 11/24/61

23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial
23b. DATE Nov '27 1961
23c. NAME OF CEMETERY OR CREMATORY Springfield National
23d. LOCATION (City, town, or county) Springfield (State) Mo'

24. FUNERAL DIRECTOR H V Smith ADDRESS 602 N Jefferson St.
25. DATE RECD. BY LOCAL REG. 11-24-61
26. REGISTRAR'S SIGNATURE Effie B. Meeton

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF ITEM NO. SHOULD READ

NOV 28 1967

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 Herbert V Smith

Licensed Embalmer No. 4286

P. O. Address Springfield

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.