SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-042033
STATE FILE NUMBER

AMENDED

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 267

FILED DEC 1 1961

1. PLACE OF DEATH
a. COUNTY RANDOLPH
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MOBERLY — Length of stay in 1b: 1 day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION WOODLAND HOSPITAL — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY CHARITON
c. CITY OR TOWN BRUNSWICK — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) VAN BUREN — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Middle Last: WAYLAND ALPHONZA PRICE
4. DATE OF DEATH Month Day Year: NOV. 13 1961

5. SEX: MALE
6. COLOR OR RACE: NEGRO
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: OCT. 3, 1898
9. AGE (last birthday): 63
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): DELIVERY BOY
10b. KIND OF BUSINESS OR INDUSTRY: GROCERY
11. BIRTHPLACE (City and state or country): BRUNSWICK, MO.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: BENJAMIN PRICE
13b. MOTHER'S MAIDEN NAME: JENNIE STROTHER
14. NAME OF HUSBAND OR WIFE: NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Address: Homer Price Brunswick Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral hemorrhage with left hemiplegia — INTERVAL BETWEEN ONSET AND DEATH: 1 day
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): Diabetes mellitus
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 November 13, 1961 to November 13, 1961 and last saw her/him alive on November 13, 1961
Death occurred at 8:40 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. C. Cohrs, M. D. C Cohrs MD
22b. ADDRESS: 317 Virginia Avenue Moberly, Missouri
22c. DATE SIGNED: Nov. 17/61

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: NOV. 16, 1961
23c. NAME OF CEMETERY OR CREMATORY: MASONIC CEMETERY
23d. LOCATION (City, town, or county) (State): BRUNSWICK, MISSOURI

24. FUNERAL DIRECTOR ADDRESS: HEISEL & KOCH F. H. Brunswick Mo.
25. DATE RECD. BY LOCAL REG.: 11-16-61
26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — DOCUMENT — SHOULD READ — BY AFFIDAVIT OF — HER NO.

JAN 1 1962

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 William R. Koch

Licensed Embalmer No. 4751

P. O. Address Brunswick, 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.