SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

TMENT OF PUBLIC HEALTH AND WELFARE

61-047915
STATE FILE NUMBER

AMENDED

Registration District No. 391 Primary Registration District No. 4505 Registrar's No. 2

FILED JAN 17 1962

1. PLACE OF DEATH
a. COUNTY STODDARD

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Scott

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bell City — Length of stay in 1b: 1½ Years

c. CITY OR TOWN Sikeston — Inside Limits: Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Shetley Nursing Home — Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 1601 Matthews Street — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: JOHN Middle: THOMAS Last: PRICE

4. DATE OF DEATH Month: December Day: 27 Year: 1961

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 10-27-1884

9. AGE (last birthday): 77

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): Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Store Owner

11. BIRTHPLACE (City and state or country): Fayette, Alabama

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Benjamin Jackson Price

13b. MOTHER'S MAIDEN NAME: Addie Dodson

14. NAME OF HUSBAND OR WIFE: Maggie Viola Price (D)

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: Donald Lynn Price Address: Sikeston, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Shock	2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cerebral thrombosis	1 week
DUE TO (c)	Arteriosclerotic Heart	Years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Bronchial pneumonia

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 FEB 1960 to 12-27-61 and last saw him alive on 12-27-61
Death occurred at 5:15 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) L. A. Mashburn D.O.

22b. ADDRESS Advance Mo.

22c. DATE SIGNED 1-4-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 12-29-1961

23c. NAME OF CEMETERY OR CREMATORY: Garden of Memories

23d. LOCATION (City, town, or county) (State): Sikeston, Missouri

24. FUNERAL DIRECTOR: Nunnelee Funeral Chapel ADDRESS: Sikeston Mo.
(Licensed Embalmer's Statement on Reverse Side)

25. DATE RECD BY LOCAL REG.: 1/4/62

26. REGISTRAR'S SIGNATURE: Bernice Moore

DATE AMENDED

INSTEAD OF

DOCUMENT

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

JAN 18 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_____ Signed Edward E. [illegible]
Signature of Student Embalmer

Licensed Embalmer No. 4164

P. O. Address Silverton, W

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.