

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-001954  
STATE FILE NUMBER

Registration District No. 119 Primary Registration District No. 1002 Registrar's No. 472

**FILED FEB 13 1962**

1. **FILED OF DEATH**

a. COUNTY **JACKSON**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **KANSAS CITY** Length of stay in lb **14 Yrs.**

c. CITY OR TOWN **KANSAS CITY** Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) **2911 East 27th St.** Reside on Farm Yes  No

3. **NAME OF DECEASED** First Middle Last 4. **DATE OF DEATH** Month Day Year

**CHARLIE PRICE** **JANUARY 24, 1962**

5. SEX **MALE** 6. COLOR OR RACE **NEGRO** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **8-15-92** 9. AGE (last birthday) **69 Yrs.**

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) **LABORER - RETIRED** 10b. KIND OF BUSINESS OR INDUSTRY **FOUNDRY** 11. BIRTHPLACE (City and state or country) **ALABAMA** 12. CITIZEN OF WHAT COUNTRY **U. S. A.**

13a. FATHER'S NAME **JUDGE PRICE** 13b. MOTHER'S MAIDEN NAME **GEORGIANA WILLIAMS** 14. NAME OF HUSBAND OR WIFE **MARY PRICE (DECEASED)**

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. **-----** 17. INFORMANT Address **SOPHIA PRICE 2517 Wabash**

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

IMMEDIATE CAUSE (a) **Respiratory Failure** INTERVAL BETWEEN ONSET AND DEATH **2 1/2**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Carcinoma Stomach** **2 1/2**

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 COUNTY STATE

21. I attended the deceased from **Jan 20-62** to **Jan 24-62** and last saw her/him alive on **Jan 24-62** Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **E F Walls M.D.** 22b. ADDRESS **2628 Grant** 22c. DATE SIGNED **1-26-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 23b. DATE **1-27-62** 23c. NAME OF CEMETERY OR CREMATORY **LINCOLN CEMETERY** 23d. LOCATION (City, town, or county) (State) **KANSAS CITY, MISSOURI**

24. FUNERAL DIRECTOR ADDRESS **MRS. MEEK'S MORTUARY K.C. MO.** 25. DATE RECD. BY LOCAL REG. **1-26-62** 26. REGISTRAR'S SIGNATURE **Ruth Long**

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

**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 Millard B Parker

Licensed Embalmer No. 5013

P. O. Address A.C. 2112

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.