

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-012044
STATE FILE NUMBER

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 48

FILED APR 9 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

b735
b730,
3
4 0
5 0
6
7 0
8 2
9 X
10
11 073
12 2-0
13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Newton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Neesho		Length of stay in 1b 2 days	c. CITY OR TOWN Rural
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sales Memorial Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Stark City, R#1
3. NAME OF DECEASED (Type or print) First Middle Last DANNY JOE PRICE		4. DATE OF DEATH Month Day Year April 1 1962	
5. SEX Male	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 2/12/1944
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) High school student		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Fairview, Mo.
13a. FATHER'S NAME Victor E. Price		13b. MOTHER'S MAIDEN NAME Katherine Forsythe	
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. None	
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 Ischemiation		17. INFORMANT Address Victor E. Price Stark City, Mo R1	
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 type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) In Automobile Accident	
20c. TIME OF INJURY Hour Month, Day, Year 11 p.m. Mar 30 62	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 56	20f. CITY, TOWN, OR LOCATION COUNTY STATE Fairview Newton Missouri
21. I attended the deceased from 30 Mar 1962 to 1 April 1962 and last saw him alive on 1 April 1962 Death occurred at 6:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) George C. Olive, M.D.		22b. ADDRESS Neesho, Mo	
22c. DATE SIGNED 4-3-62		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/4/1962	23c. NAME OF CEMETERY OR CREMATORY Dice Cem.	23d. LOCATION (City, town, or county) (State) Fairview, Missouri
24. FUNERAL DIRECTOR W. Morris Poe Wheaton Mo		25. DATE RECD. BY LOCAL REG. 4-3-62	26. REGISTRAR'S SIGNATURE Melvin C. Bowman M.D. <i>by N. Belka</i>

USE BLACK INK OR TYPEWRITER RIBBON

Noted

Noted

Noted

Noted

Noted

Noted

x Stark City, Mo

x Sales Memorial Hosp.

1902

PRICE

JOE

DANNY

18

White

White

Funeral Home

None

High school student

None

Katherine Persyane

Victor E. Price

Victor E. Price Stark City, Mo

None

No

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 W. Morris Pope

Licensed Embalmer No. 3442

P. O. Address Whitman, Mo.

1902

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.

1902