MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-018221

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 43 Primary Registration District No. 3 007 Registrar's No. 778 STATE FILE NUMBER

FILED MAY 21 1962

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY BUTLER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF — Length of stay in 1b: 29 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY SHANNON
c. CITY OR TOWN BIRCH TREE — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS ROUTE 1 (If outside, give location) — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First DEE Middle (NONE) Last PRICE
4. DATE OF DEATH: Month MAY 6, Day, Year 1962
5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 1-8-94
9. AGE (last birthday) 68 — 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
10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN
11. BIRTHPLACE (City and state or country) WINONA, MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME FARRIE PRICE
13b. MOTHER'S MAIDEN NAME ROSE LANCASTER
14. NAME OF HUSBAND OR WIFE ALLIE PRICE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO.
17. INFORMANT Address VA HOSPITAL RECORDS, POPLAR BLUFF, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) HEPATOMEGALY
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) UNDETERMINED CAUSE
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH ----

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
ARTERIOSCLEROSIS, CEREBRAL

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 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 APRIL 7, 1962 to MAY 6, 1962 and last saw the deceased alive on
Death occurred at 1:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) ERNEST M. TAPP, M. D., Chief of Staff
22b. ADDRESS VA HOSPITAL, POPLAR BLUFF, MO.
22c. DATE SIGNED 5-9-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal Burial
23b. DATE 5-8-62
23c. NAME OF CEMETERY OR CREMATORY Yearwood Cem.
23d. LOCATION (City, town, or county) (State) Winona, Mo.

24. FUNERAL DIRECTOR Duncan Funeral Home, ADDRESS Mt. View, Mo.
25. DATE RECD. BY LOCAL REG. 5/19/1962
26. REGISTRAR'S SIGNATURE Thelma Graham

(Licensed Embalmer's Statement on Reverse Side)

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 Charles E Mungle

Licensed Embalmer No. 4877

P. O. Address Poplar Bluff Mo

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.