

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-018553
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 106

FILED JUN 11 1962

VS 300
Rev. 4/59

10355
20353

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12-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Dunklin</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kennett</u> Length of stay in 1b <u>30 hr.</u>		c. CITY OR TOWN <u>Kennett</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Dunklin County Memorial Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>West "Y"</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>CHARLEY C. PRICE</u>			4. DATE OF DEATH Month Day Year <u>May 22 1962</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-7-1886</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Owned & operated Motel</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Motel</u>	11. BIRTHPLACE (City and state or country) <u>Kenton, Tennessee</u>
13a. FATHER'S NAME <u>R. O. Price</u>		13b. MOTHER'S MAIDEN NAME <u>Marcia Glisson</u>	14. NAME OF HUSBAND OR WIFE <u>Clyde Cornelia Price</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Mrs. Charley Price Kennett, Mo.</u> Address
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 <u>4 mo-</u>
IMMEDIATE CAUSE (a) <u>Progressive Bulbar Palsy</u>			
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) <u>Chronic Bronchitis</u>			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 type="checkbox"/>	20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>1956</u> to <u>May 22, 1962</u> and last saw him alive on <u>May 22, 1962</u> Death occurred at <u>748</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>George O. Perkins MD</u> (Last name or title)		22b. ADDRESS <u>Kennett, Mo</u>	22c. DATE SIGNED <u>5/23/62</u> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>May 25, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge Cemetery</u>	23d. LOCATION (City, town, or county) <u>Kennett Missouri</u>
24. FUNERAL DIRECTOR <u>EMERSON'S BALDWIN</u> ADDRESS <u>Kennett, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>6-7-1962</u>	26. REGISTRAR'S SIGNATURE <u>Carl H. Hudson</u>

MS JUN 20 1962

AUG 23 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 *Sam E. Embalmer*

Licensed Embalmer No. 5148

P. O. Address *Kennett, 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.