

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-021884

STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 5096 Registrar's No. 124

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY BATES		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BATES	
b. CITY (If outside of state limits, give town, city, county, and state) BUTLER MO. R.3		Length of stay in 1b ABOUT 3 YEARS	c. CITY OR TOWN HUME
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PINE TREE REST HOME		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MARGARET Middle Last PRICE			4. DATE OF DEATH Month JUNE Day 29 Year 1962
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-23-83
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	9. AGE (last birthday) 78
13a. FATHER'S NAME TOBE THORNTON		13b. MOTHER'S MAIDEN NAME SALLY MILLER	11. BIRTHPLACE (City and state or country) BOWLING GREEN, KY.
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	12. CITIZEN OF WHAT COUNTRY USA
14. NAME OF HUSBAND OR WIFE ROSS V. PRICE (DECEASED)		17. INFORMANT James Dan TOOLE UTAH	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute congestive heart failure. DUE TO (b) chronic cardiac hypertrophy DUE TO (c) diabetes mellitus			INTERVAL BETWEEN ONSET AND DEATH 6 days. 10 yrs. 5 years.
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 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 a.m. p.m. 2:30		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 Oct. 7th, 1961 to June 24th '62 and last saw her alive on June 24th, 1962 . Death occurred at 9:50 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) L. S. Laffner, M.D.		22b. ADDRESS 212 N. Main, Butler, Mo.	22c. DATE SIGNED 6/30/62
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JULY 2 1962	23c. NAME OF CEMETERY OR CREMATORY INDEPENDENCE CEMETERY HOME	23d. LOCATION (City, town, or county) (State) BATES MISSOURI
24. FUNERAL DIRECTOR Carl A. Jordan		25. DATE RECD. BY LOCAL REG. July 2, 1962	26. REGISTRAR'S SIGNATURE Norma Jean Wilson

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 Earl W. Jomeden

Licensed Embalmer No. 3587

P. O. Address Pleasanton, Kansas

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.