

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

89 -62-024054

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registered District No. 3047 Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Newton</b>	a. STATE <b>Missouri</b>		b. COUNTY <b>Newton</b>
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Neosho</b>	Length of stay in 1b <b>1 year</b>	c. CITY OR TOWN <b>Neosho</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>419 N. Lafayette St.</b>		d. STREET ADDRESS <b>419 N. Lafayette</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First Middle Last <b>GRADY EMMITT PRICE</b>		Month Day Year <b>July 5, 1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-24-1919</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machinist</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Rocketdyne</b>	9. AGE (last birthday) <b>42</b>
11. BIRTHPLACE (City and state or country) <b>Coffeyville, Kansas</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Grady Price</b>		13b. MOTHER'S MAIDEN NAME <b>Gretchen VanWinkle</b>	14. NAME OF HUSBAND OR WIFE <b>Irene Price</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War 11</b>		17. INFORMANT <b>Irene Price Neosho, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line)			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Presumed to be "Natural Causes"</b>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>/// DUE TO ( Deceased had been ill, the day previous with nausea and some vomiting. Complained of pains in his arms.)</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (b)			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
<b>Investigated by the Coroner of Newton County</b>			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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. 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 <b>Did not attend</b> and last saw her/him alive on _____			
Death occurred at <b>12:20 A.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Naydene Belka - Registrar</b>		22b. ADDRESS <b>319 Fain Avenue Neosho, Missouri</b>	22c. DATE SIGNED <b>July 6, 1962</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>July 7, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F. Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Neosho, Mo.</b>
24. FUNERAL DIRECTOR <b>Clark Funeral Home Neosho, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>7-6-62</b>	26. REGISTRAR'S SIGNATURE <b>Naydene Belka</b>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 INFORMATION ADDED BY  
 BY AFFIDAVIT OF  
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 SHOULD BE

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Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

JUL 19 1962

JUL 18 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 Fred S. Clark

Licensed Embalmer No. 5056

P. O. Address 312 So. Wood  
Wesley 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.