MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030754

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 168

FILED JUL 23 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 0425
2 042002
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4 0
5 1
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7 0
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9 204.0
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12 2-2
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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

1. PLACE OF DEATH
a. COUNTY: Henry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clinton — Length of stay in 1b: 26 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Wetzel Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Henry
c. CITY OR TOWN: Deepwater — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Gen. Delivery — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First HOMER Middle GIBBS Last PRICE

4. DATE OF DEATH: Month July Day 15 Year 1962

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-5-1890
9. AGE (last birthday): 72 — IF UNDER 1 YEAR: Months 4 Days 10 — IF UNDER 24 HR: Hours – Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Brick Mason
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): Conway Mo
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Wm H Price
13b. MOTHER'S MAIDEN NAME: Nora Bell
14. NAME OF HUSBAND OR WIFE: Mary M Price

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of servi[redacted]
[redacted]O. 59
17. INFORMANT: Mary M Price Address: Deepwater Mo

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 circulatory failure — INTERVAL BETWEEN ONSET AND DEATH: 24 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): small bowel obstruction operated — 10 days
DUE TO (c): Prob. chronic lymphatic leukemia — 2 years

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

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

19. WAS AUTOPSY PERFORMED? YES ☐ 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 July 1, 1962, to death and last saw her/him alive on 7-15-62.
Death occurred at 6:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. R. Wetzel D.V.
22b. ADDRESS: Clinton Mo.
22c. DATE SIGNED: 7-16-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7/18/62
23c. NAME OF CEMETERY OR CREMATORY: Englewood
23d. LOCATION (City, town, or county): Clinton (State) Mo.

24. FUNERAL DIRECTOR: Schaberg Funeral Home, Clinton, Missouri — ADDRESS
25. DATE RECD. BY LOCAL REG.: July 16, 1962
26. REGISTRAR'S SIGNATURE: Mildred Bigum

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

AUG 6 1962

Permit Obtained 7/6/62 W.B.

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 F L Schaberg

Licensed Embalmer No. 4513

P. O. Address Clinton 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.