

FILED MAY 21 1969

CERTIFICATE OF DEATH

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 115

DO NOT WRITE ON THIS STUB

- 9. 0
- 10a. 66
- 10b.
- 11. 0
- 12. 1
- 13. 185X
- 14.
- 15. 9
- 16.
- 17.
- 18. 0
- 19. CREDITS
- 20. 3-0

VS 300
Rev. 1/68

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. Lester Albert Price		2. Male	3. May 14, 1969
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS) MOS. DAYS	UNDER 1 YEAR UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)
4. White	5a. 66	5b.	6. April 6, 1903
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	
7b. Carthage, Missouri		7a. Jasper	
7c. Yes		7d. McCune Brooks Hospital	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY	
8. Missouri		9. U.S.A.	
8. Missouri		9. U.S.A.	
10. Married		11. Thelma Irene Worley	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	
12. 497-12-4390		13a. Minister	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
14a. Missouri		14b. Jasper	
14c. Carthage		14d. Yes	
14e. 218 N. Main Street		14f. 218 N. Main Street	
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST	
15. Littleton Ernest Price		16. Mary Crawford	
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
17a. Mrs. Thelma Price		17b. 218 N. Main St., Carthage, Mo. 64836	
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
18. IMMEDIATE CAUSE			
(a) Carcinoma of Prostate with wide spread metastases			
DUE TO, OR AS A CONSEQUENCE OF:			
(b) spread metastases			
DUE TO, OR AS A CONSEQUENCE OF:			
(c)			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20a.		20b.	20c.
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)
20a.		20b.	20c.
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM		MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR
21a. April 14-69		21b. May 14-69	21c. 5-14-69
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH	THE DECEASED WAS PRONOUNCED DEAD MONTH DAY YEAR
22a.		22b. 4:15 P.M.	22c. May 14, 1969
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE	DEGREE OR TITLE
23a. Dr. Grover Patterson, M.D.		23b. Grover Patterson, M.D.	23c. 5-16-69
MAILING ADDRESS—CERTIFIER		CITY OR TOWN STATE ZIP	
23d. 510 S. Main St., Carthage, Missouri 64836		23e. Carthage, Missouri 64836	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME	LOCATION CITY OR TOWN STATE
24a. Burial		24b. Parkview Cemetery	24c. Farmington, Missouri
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
24d. May 18, 1969		24e. The Ulmer Funeral Home, Box 382, Carthage, Mo. 64836	
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR
25a.		25b. 750	25c. May 18, 1969

Type or print in PERMANENT BLACK INK. See handbook for instructions.

MAY 26 1969

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 Edwin S. Thar

Licensed Embalmer No. 4955

P. O. Address Carthage, Missouri

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.