

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAR 5 1949

No. 300  
10.48

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 164

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Penicost</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt. Vernon</u>		c. LENGTH OF STAY (In this place) <u>1193</u> days	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Sanatorium</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Steele</u>	
		d. STREET ADDRESS (If rural, give location) <u>Route 2</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Alice</u> b. (Middle) <u>Savannah</u> c. (Last) <u>Stover</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 12 1949</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH <u>3-6-24</u>	
				9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins. <u>28</u>	
11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>			12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>		

13a. FATHER'S NAME <u>Wm. Rufus Prather</u>		13b. MOTHER'S MAIDEN NAME <u>Rose Lee Pike</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
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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'S SIGNATURE OR NAME <u>R. McMichael, Record Clerk</u> ADDRESS <u>Mo. State San., Mt. Vernon, Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>Abt. 4 yrs.</u>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Far Advanced pulmonary Tuberculosis</u>					
		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>in c</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Nov. 16, 1945, to Feb 12, 1949, that I last saw the deceased alive on Feb. 12, 1949, and that death occurred at 11:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. Hallweg M.D.</u>		23b. ADDRESS <u>Mt. Vernon, Missouri</u>		23c. DATE SIGNED <u>2-13-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2/14/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memphis, Tenn.</u>		24d. LOCATION (City, town, or county) (State) <u>Memphis, Tenn.</u>	
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DATE REC'D BY LOCAL REG. <u>2/16/49</u>		REGISTRAR'S SIGNATURE <u>Coil Handrick</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>Ray G. ...</u>		ADDRESS <u>... Aurora Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 6,

District File Number 349-202

Date Filed 3-9-49

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**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.

Signed \_\_\_\_\_

*J. W. Hissis King*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3529

P. O. Address Quirora 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 this body is not embalmed, fact should be so stated above.