FILED APR 14 1949

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 7423

BIRTH NO. _____ REG. DIST. NO. 34 PRIMARY REG. DIST. NO. 4045 Registrar's No. 4

**1. PLACE OF DEATH**
a. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashland
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Boone 10
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashland 0
d. STREET ADDRESS (If rural, give location): 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): Harry
b. (Middle): Blackburn
c. (Last): Pryor

**4. DATE OF DEATH** (Month) (Day) (Year): March 28 1949

**5. SEX**: Male 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married 1
**8. DATE OF BIRTH**: 12-8-1887
**9. AGE** (In years last birthday): 6[illegible] | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Doctor
**10b. KIND OF BUSINESS OR INDUSTRY**: M.D.
**11. BIRTHPLACE** (State or foreign country): Kansas 1
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Samuel Pryor
**13b. MOTHER'S MAIDEN NAME**: Elizabeth Bartell
**14. NAME OF HUSBAND OR WIFE**: Adelia Pryor

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): yes | (If yes, give war or dates of service): World War I
**16. SOCIAL SECURITY NO.**:
**17. INFORMANT'S SIGNATURE OR NAME**: Adelia Pryor | ADDRESS: Ashland, Mo.

**18. CAUSE OF DEATH**
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 0

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Diabetes Mellitus — 1 yr.
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*
26 X

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**:
**20. AUTOPSY?** YES ☐ NO ☑

**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):
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 3-28, 1949, *to* 4-10, 1949, *that I last saw the deceased alive on* March 1949 *and that death occurred at* 1 P.M. *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): E. D. Baskett M.D.
**23b. ADDRESS**: Columbia
**23c. DATE SIGNED**: 3/30/49

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 3-31-1949
**24c. NAME OF CEMETERY OR CREMATORY**: New Salem
**24d. LOCATION** (City, town, or county) (State): Ashland Mo.

**DATE REC'D BY LOCAL REG.**: 3-30-49
**REGISTRAR'S SIGNATURE**: Mrs Mildred Burnett 27
**25. FUNERAL DIRECTOR'S SIGNATURE**: Wm C. Burnett | ADDRESS: Ashland Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer, No. 9
APR 2 1949
District File Number
APR 13 1949
Date Filed
JUN 1 1949
MAY 21 1949

## 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 .....
Student Embalmer

Signed Wm C Burnett

Licensed Embalmer No. 3567

P. O. Address Ashland, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.