

5. No. 300
V. 10. 48

FILED FEB 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5658

BIRTH NO. 9176-51 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE California c. COUNTY Lake	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lakeport 2040	
d. FULL NAME OF HOSPITAL OR INSTITUTION USAH Fort Leonard Wood, Mo.		d. STREET ADDRESS (If rural, give location) Box 176	

3. NAME OF DECEASED (Type or Print) a. (First) Stephen b. (Middle) Michael c. (Last) Prescott			4. DATE OF DEATH (Month) (Day) (Year) Feb 3 1951		
5. SEX Male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 3 Feb 1951	9. AGE (In years last birthday) 5	IF UNDER 1 YEAR Months 30
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mo. US Army Hosp. Ft. Leonard Wood,	

13a. FATHER'S NAME Andrew Moore Prescott		13b. MOTHER'S MAIDEN NAME Gladys Laurie Huet		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS	

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis, pulmonary, persistent		5 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary edema DUE TO (c) Prematurity		5 hrs

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 Feb 1951, to 3 Feb 1951, that I last saw the deceased alive on 2 Feb 1951, and that death occurred at 0230A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Walter T. Brown, M.D.</i>		23b. ADDRESS US Army Hosp. Ft. Leonard Wood, Mo		23c. DATE SIGNED 3 Feb 51	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE 2/7/51	24c. NAME OF CEMETERY OR CREMATORY <i>Heria Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Heria, Missouri</i>		
DATE REC'D BY LOCAL REG. 2-10-51	REGISTRAR'S SIGNATURE <i>Helena C. Buckner</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Walter T. Brown, Heria, Mo.</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

0850

RECEIVED 8-16-51
Pulaski County Health Officer
File Number
Date Filed 8-16-51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Walter P. Hedges

Signed.....
Student Embalmer

Licensed Embalmer No. *4265*

P. O. Address *Theriot, 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.