

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12757

State File No.

FILED MAY 14 1951

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1747

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 91 YEARS		d. STREET ADDRESS (If rural, give location) 3618 Beacon	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1		3598	

3. NAME OF DECEASED (Type or Print) a. (First) Robert	b. (Middle) HENRY	c. (Last) Prater	4. DATE OF DEATH (Month) (Day) (Year) 4 19 51
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH APR-3-1860	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED-20 YEARS	10b. KIND OF BUSINESS OR INDUSTRY FARMER	11. BIRTHPLACE (State or foreign country) KANSAS CITY MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME ELIJAH PRATER	13b. MOTHER'S MAIDEN NAME NANCY JANE HIGGINS	14. NAME OF HUSBAND OR WIFE MRS. ADA PRATER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME GROVER RENICK	ADDRESS 6810 EAST 37th ST KANSAS CITY MO
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 3/4 X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis with encephalomalacia		
	ANTECEDENT CAUSES DUE TO (b) Cerebral arteriosclerosis DUE TO (c) Generalized arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 April 17, 19 51 to April 19, 19 51, that I last saw the deceased alive on April 19, 19 51 and that death occurred at 4:30P. m., from the causes and on the date stated above.

23a. SIGNATURE B. I. Burns M.D.	23b. ADDRESS 24th & Cherry	23c. DATE SIGNED 4-20-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE APR 21 1951	24c. NAME OF CEMETERY OR CREMATORY BROOKING CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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DATE REC'D BY LOCAL REG. 4-21-51	REGISTRAR'S SIGNATURE Geraldine Halmea	25. FUNERAL DIRECTOR'S SIGNATURE W.H. Newsome	ADDRESS 1331 BRUSH CREEK KANSAS CITY MO
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

A. [Signature]

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.....

Licensed Embalmer No.

P. O. Address.....

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.