No. 300
10.48

APR 28 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13516

BIRTH NO. _____ REG. DIST. NO. 1830 PRIMARY REG. DIST. NO. 4296 Registrar's No. 6 — 1952

1580
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY Linn
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Browning
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)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Linn
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Browning 0580
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print) a. (First) Earnest b. (Middle) Fay c. (Last) Prather

4. DATE OF DEATH (Month) April (Day) 17 (Year) 52

5. SEX m 0

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0

8. DATE OF BIRTH Aug 1, 1884

9. AGE (In years last birthday) 67 | 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) none

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (State or foreign country) Missouri 0

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME William Prather

13b. MOTHER'S MAIDEN NAME Rebecca Smith

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 11 (If yes, give war or dates of service) 111

16. SOCIAL SECURITY NO. ----

17. INFORMANT'S SIGNATURE OR NAME George Prather **ADDRESS** Browning, 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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary occlusion

DUE TO (c)

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 4201

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* April 17 — 52, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 5½ *m., from the causes and on the date stated above.*

23a. SIGNATURE Elva Crookshanks L.R. 8 (Degree or title)

23b. ADDRESS Browning, Mo

23c. DATE SIGNED 4/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify) 0

24b. DATE 4-20-52

24c. NAME OF CEMETERY OR CREMATORY Prather

24d. LOCATION (City, town, or county) Browning Rural (State) Mo.

DATE REC'D BY LOCAL REG. Apr. 23, 1952

REGISTRAR'S SIGNATURE Elva Crookshanks 166-0

25. FUNERAL DIRECTOR'S SIGNATURE Wade Funeral Home **ADDRESS** Browning

(Licensed Embalmer's Statement on Reverse Side)

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 Gerald I. Wade

Licensed Embalmer No. 4172

P. O. Address Browning

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.