

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23267

State File No. ....

FILED JUN 23 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6093 Registrar's No. 126

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

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Abbe Marshall Taylor 220</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kimberly 4091</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No State School.</u>		d. STREET ADDRESS (If rural give location) <u>36 E. Sandbar.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Gloria</u> b. (Middle) <u>Ann</u> c. (Last) <u>Pryor</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6 14 1952</u>		
5. SEX <u>F 3</u>	6. COLOR OR RACE <u>Black</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Aug 20 1925</u>	9. AGE (In years last birthday) <u>16</u>	IF UNDER 1 YEAR <u>4</u> Months <u>16</u> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>State School</u>		11. BIRTHPLACE (State or foreign country) <u>Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Edith Pryor</u>	13b. MOTHER'S MAIDEN NAME <u>Pryor</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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mo State School Marshall Taylor</u>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>30 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxiation</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congenital syphilis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertensive</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) _____	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 Jan 22, 1952, to June 14, 1952, that I last saw the deceased alive on June 14, 1952, and that death occurred at 6:45 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James H. Davidson M.D.</u>	23b. ADDRESS <u>Mo State School</u>	23c. DATE SIGNED <u>6-14-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/15/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Saline</u>	24d. LOCATION (City, town, or county) (State) <u>Mo</u>
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DATE REC'D BY LOCAL REG. <u>6/15/52</u>	REGISTRAR'S SIGNATURE <u>Edward T Gray</u>	585	25. GENERAL DIRECTOR'S SIGNATURE <u>George S. ...</u>	ADDRESS <u>Marshall Taylor</u>
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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

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

Signed *Joseph J. Green*

Licensed Embalmer No. *4220*

P. O. Address *Marshall, 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.