

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

DR. MARK 27767
 State File No. 802

FILED SEP 8 - 1952

BIRTH NO.		REG. DIST. NO. 120	PRIMARY REG. DIST. NO. 2000	Registrar's No. 802
1. PLACE OF DEATH a. COUNTY GREENE 0396		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY GREENE 0396		
b. CITY OR TOWN Springfield		c. LENGTH OF STAY (In this place) 3 YRS.		c. CITY OR TOWN SPRINGFIELD 0
d. FULL NAME OF HOSPITAL OR INSTITUTION 1127 CHERRY		d. STREET ADDRESS (If rural, give location) 1127 CHERRY		
3. NAME OF DECEASED a. (First) BEN b. (Middle) F. c. (Last) PRIDDY			4. DATE OF DEATH AUG. 31, 1952	
5. SEX MALE 0	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE 0	8. DATE OF BIRTH DEC. 3 1856	9. AGE (In years last birthday) 95
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARM	11. BIRTHPLACE (City and State or Foreign Country) SANGAMON, COUNTY, ILL. /	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME CHAS. PRIDDY		
13b. MOTHER'S MAIDEN NAME SYBIL JARRETT		14. NAME OF HUSBAND OR WIFE X		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. Z.L. SLAVENS SPRINGFIELD, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease INTERVAL BETWEEN ONSET AND DEATH 5 yrs ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis 10 yrs DUE TO (c) none II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4200
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 Oct. 12, 1951, to Aug. 31, 1952, that I last saw the deceased alive on Aug. 31, 1952, and that death occurred at 10:30 a.m., from the causes and on the date stated above.				
23a. SIGNATURE William J. Darr, M.D.		23b. ADDRESS 609 Cherry, Springfield, Mo.		23c. DATE SIGNED 9/3/52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9/3/52		24c. NAME OF CEMETERY OR CREMATORY CLEAR CREEK CEMETERY
24d. LOCATION (City, town, or county) NEAR SPRINGFIELD, MO.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.H. LOHMEYER SPRINGFIELD, MO.		
DATE REC'D BY LOCAL REG. 9-3-52		REGISTRAR'S SIGNATURE Edith Williamson Registrar		

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

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 Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address SPRINGFIELD, MISSOURI

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.