

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30346

State File No.

FILED AUG 20 1953

REG. DIST. NO. 318

1003

Registrar's No.

7090

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY 2167					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 10yrs		c. CITY OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION 3121 Maury Avenue		e. STREET ADDRESS (If rural, give location) 16 3121 Maury Avenue					
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Frances c. (Last) Pryor			4. DATE OF DEATH (Month) (Day) (Year) 7 - 19 - 1953				
5. SEX Fem	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 4 - 11 - 1875	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At. Home		11. BIRTHPLACE (City and State or Foreign Country) Arkansas			
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Parr		13b. MOTHER'S MAIDEN NAME unknown			
14. NAME OF HUSBAND OR WIFE Andrew J. Pryor		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.			
17. INFORMANT'S SIGNATURE OR NAME Mrs. Doris Gell		18. ADDRESS 3506 Pastalozzi Ave					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: acute dilation of heart with decompensation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic hypertension present several years DUE TO (c) arteriosclerosis present several years II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 7-16-53	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 422.1			
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?			
22. I hereby certify that I attended the deceased from 2-3-44, 19, to 7-19-53, 19, that I last saw the deceased alive on 7-17-53, 19, and that death occurred at 1:15 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. Earl Smith, M.D.		23b. ADDRESS 1715 So 39th St. Springfield		23c. DATE SIGNED 7-20-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7/21/53		24c. NAME OF CEMETERY OR CREMATORY Lake Cemetery			
24d. LOCATION (City, town, or county) (State) Hoxie, Arkansas		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Drehmann-Harral			

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

Dr. John F. Flynn  
1715 S. 39th St.

1-3:30

**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.....  
Signature of Student Embalmer

Signed *W. Warren A. Carver*.....  
Licensed Embalmer No. *353*.....

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 embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.  
If this body is not embalmed, fact should be so stated above.