

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43517

State File No.

FILED JAN 5 1954

BIRTH NO. _____		REG. DIST. NO. <u>144</u>		PRIMARY REG. DIST. NO. <u>6-65-2</u>		Registrar's No. <u>37</u>	
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>			
b. CITY OR TOWN <u>Miller Greene</u>		c. LENGTH OF STAY (In this place) <u>Native</u>		c. CITY OR TOWN <u>Lockwood</u>		B. R. <u>Greene</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>				d. STREET ADDRESS (If rural, give location) <u>0550</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jennie</u>		b. (Middle) <u>Mareudi</u>		c. (Last) <u>Pryor</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-15-1953</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>3-29-1874</u>		9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>16</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Of the kind of work done during most of working life, even if retired) <u>House Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House Keeper</u>		11. BIRTHPLACE (State or foreign country) <u>Lawrence Co.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henry Gericke</u>		13b. MOTHER'S MAIDEN NAME <u>Jennie Fetterly</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Pearl Leedy Lockwood Mo.</u>			
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* (a) <u>Gastro Intestinal</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Influenza</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</u>					INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>					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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
21f. HOW DID INJURY OCCUR?		21g. <u>481X</u>					
22. I hereby certify that I attended the deceased from <u>Dec 9</u> , 19 <u>53</u> , to <u>Dec 15</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Dec 12</u> , 19 <u>53</u> , and that death occurred at <u>7:30 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>L. J. Holmer M.D.</u>				23b. ADDRESS <u>Miller Mo.</u>		23c. DATE SIGNED <u>12-16-53</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-18-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Brick Church</u>		24d. LOCATION (City, town, or county) (State) <u>S.E. of Miller Mo.</u>		
DATE REC'D BY LOCAL REG. <u>12-20-53</u>		REGISTRAR'S SIGNATURE <u>N. S. Burtwell</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Morrison Holmer Miller Mo.</u>			

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

0550

JAN 18 1956
JAN 25 1956

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 E. R. Leiman

Licensed Embalmer No. 3297

P. O. Address Miller 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.