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

FILED JAN 4 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40765

BIRTH NO. _____		REG. DIST. NO. <u>144</u>		PRIMARY REG. DIST. NO. <u>4234</u>		Registrar's No. <u>666</u>							
1. PLACE OF DEATH a. COUNTY <u>Iron</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> COUNTY <u>St. Francois</u>									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ironton</u>		c. LENGTH OF STAY (in this place) # _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Iron Township</u>		0940							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DOA, St. Mary's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1 mi. S of Middlebrook</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>MAYNARD</u> b. (Middle) <u>EUGENE</u> c. (Last) <u>PRYOR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 23 1954</u>										
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Mar. 4 1893</u>		9. AGE (in years last birthday) <u>61</u>		<table border="1"> <tr> <td>IF UNDER 1 YEAR</td> <td>IF UNDER 2 WKS.</td> </tr> <tr> <td>Months Days</td> <td>Hours Min.</td> </tr> <tr> <td><u>9</u> <u>19</u></td> <td></td> </tr> </table>	IF UNDER 1 YEAR	IF UNDER 2 WKS.	Months Days	Hours Min.	<u>9</u> <u>19</u>	
IF UNDER 1 YEAR	IF UNDER 2 WKS.												
Months Days	Hours Min.												
<u>9</u> <u>19</u>													
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Pilot Knob Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13a. FATHER'S NAME _____			13b. MOTHER'S MAIDEN NAME <u>Louisa Pryor</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Anderson Pryor</u>								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>WW I</u>		16. SOCIAL SECURITY NO. # _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Geo. P. Pippin, Pilot Knob 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>Coronary thrombosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Myocardial infarction</u> DUE TO (c) <u>Myocarditis, chronic</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>15 min.</u> <u>4 mos.</u> <u>3 year.</u>					
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) <u>Ironton, Mo.</u>									
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 <u>Aug. 17, 1954</u> , to <u>12-23, 1954</u> , that I last saw the deceased alive on <u>8-25, 1954</u> , and that death occurred at <u>3:00 P.M.</u> m., from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <u>Ben M. Bull M.D.</u>				23b. ADDRESS <u>Ironton, Mo.</u>		23c. DATE SIGNED <u>12-24-54</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-26-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Nelson Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Banner Missouri</u>							
DATE REC'D BY LOCAL REG. <u>12-31-54</u>		REGISTRAR'S SIGNATURE (128) <u>Mrs. (Mrs.) Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Funeral Home, Ironton Mo.</u> <u>Arnell J. White</u>									

(Licensed Embalmers' Statements on Reverse Side)

JAN 21 1955

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed Quincy White

Licensed Embalmer No. 3012

P. O. Address Groton, Conn.

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.