No. 300
10-48

FILED FEB 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4443

BIRTH NO. _____ REG. DIST. NO. 110 PRIMARY REG. DIST. NO. 4182 Registrar's No. _____

360
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: FRANKLIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NEW HAVEN
c. LENGTH OF STAY (in this place): 55Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: FRANKLIN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NEW HAVEN 0360
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): CARRIE
b. (Middle): VIOLA PRYOR
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): FEB. 9th 1955

5. SEX: FEMALE 1
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED 0
8. DATE OF BIRTH: OCT. 16 1879
9. AGE (In years last birthday): 76 75 — IF UNDER 1 YEAR: Months 3 Days 23 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 0
10b. KIND OF BUSINESS OR INDUSTRY: HOUSE KEEPER
11. BIRTHPLACE (City and State or Foreign Country): ETLAH MO. 0
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: WILLIAM PRYOR
13b. MOTHER'S MAIDEN NAME: CATHERINE McKEEHAN
14. NAME OF HUSBAND OR WIFE: NEVER MARRIED

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.: NONE
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Lockie R. French New Haven 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary Sclerosis	2 yrs.
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Diabetes Mellitus	15 yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 260 X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 22, 19 43, *to* Feb. 9, 19 55, *that I last saw the deceased alive on* Feb. 9, 19 55, *and that death occurred at* 8:05 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: C. W. Held (Degree or title): D.O.
23b. ADDRESS: New Haven, Missouri
23c. DATE SIGNED: 2/11/55

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 2-12-1955
24c. NAME OF CEMETERY OR CREMATORY: New Haven Cem.
24d. LOCATION (City, town, or county) (State): New Haven Mo.

DATE REC'D BY LOCAL REG.: 2/12/55
REGISTRAR'S SIGNATURE: Nettie Murphy 501-0
25. FUNERAL DIRECTOR'S SIGNATURE: L. C. Fertig & Son
ADDRESS: New Haven Mo

(Licensed Embalmer's Statement on Reverse Side)

FEB 21 1957

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 Earl Hertig

Licensed Embalmer No. V3385

P. O. Address New Haven Ind

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.