

FILED APR 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19

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

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEW HAVEN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Haven</u>	
c. LENGTH OF STAY (in this place) <u>6 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>0360</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) a. (First) <u>EMILY</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>PRYOR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 19 1955</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 14 1889</u>
9. AGE (In years last birthday) <u>65</u>		10. MONTHS <u>7</u>	11. DAYS <u>15</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Paxico Kansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		13a. FATHER'S NAME <u>Joseph Steward</u>	
13b. MOTHER'S MAIDEN NAME <u>Nancey J. Bradley</u>		14. NAME OF HUSBAND OR WIFE <u>Robert E. Pryor</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robt. Pryor New Haven Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per (a), (b), and (c))			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart failure</u>		INTERVAL BETWEEN ONSET AND DEATH: <u>16 months</u>	
ANTECEDENT CAUSES (b) <u>Cardio-vascular renal disease</u>		<u>4 years</u>	
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 <u>4/4 x</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?	
22. I hereby certify that I attended the deceased from <u>12/4</u> , 19 <u>50</u> , to <u>4/19/1</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>4/19/1</u> , 19 <u>55</u> , and that death occurred at <u>12:45 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>B. G. Wiseman M.D.</u>		23b. ADDRESS <u>New Haven Mo</u>	23c. DATE SIGNED <u>4/21/55</u>
24a. BURIAL, CREMATION-REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-23-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Colored Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>New Haven Mo.</u>
DATE REC'D BY LOCAL REG. <u>5/22/1955</u>	REGISTRAR'S SIGNATURE <u>501-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>L. R. Gentry & Son New Haven Mo</u>	

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

APR 28 1955

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 Fertig

Licensed Embalmer No. *3389*

P. O. Address *Greenville 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.