

FILED JUL 25 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22272

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4281 Registrar's No. 47

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

1. PLACE OF DEATH a. COUNTY <u>Lewis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Canton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Philadelphia</u>	
c. LENGTH OF STAY (in this place) <u>2 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>617 Washington</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) <u>Matilda Ellen Pryor</u>			4. DATE OF DEATH <u>July 18, 1955</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>wh.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 8, 1880</u>		9. AGE (In years last birthday) <u>74</u> if under 1 year Months <u>8</u> Days <u>10</u> if under 24 hrs. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Marion Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Daniel W. Martin</u>		13b. MOTHER'S MAIDEN NAME <u>Ella Kelley</u>		14. NAME OF HUSBAND OR WIFE <u>Thomas J. Pryor</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Leola T. Pryor Herbert G. Goss</u> ADDRESS _____	

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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Myocardial Failure - 3 weeks</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> <u>Unknown</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	20. AUTOPSY? <u>4200</u> YES <input type="checkbox"/> NO <input 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>Canton Lewis 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 June 2, 1955 to July 17, 1955, that I last saw the deceased alive on July 17, 1955, and that death occurred at 6:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Sam H. Roberts</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Canton, Mo.</u>	23c. DATE SIGNED <u>7-18-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 20, 1955</u>	24c. NAME OF CEMETERY <u>Bethany</u>	24d. LOCATION (City, town, or county) (State) <u>Philadelphia, Mo.</u>
DATE REC'D BY LOCAL REG. <u>7-19-55</u>	REGISTRAR'S SIGNATURE <u>P. W. Jennings</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lyman S. Feaster</u> ADDRESS <u>Philadelphia, Mo.</u>	

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.....

*David Turner*

Licensed Embalmer No. 3720

P. O. Address Monroe City, 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.