

FILED NOV 16 1955

STANDARD CERTIFICATE OF DEATH

37533

State File No.

BIRTH NO. REG. DIST. NO. 211 PRIMARY REG. DIST. NO. 4324 Registrar's No. 29-55

1. PLACE OF DEATH a. COUNTY <u>Miller</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tuscumbia</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tuscumbia, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Miller County Nursing Home</u>			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lulu</u> b. (Middle) <u>A</u> c. (Last) <u>Prock</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 3, 1955</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>12/25/1875</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.	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>Miller Co Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Reuben Short</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Jane Shelton</u>		14. NAME OF HUSBAND OR WIFE <u>James L. Prock</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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ted Prock Tuscumbia, Missouri</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HYPOSTATIC PNEUMONIA</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>BEDRIDDEN CONDITION</u> DUE TO (c) <u>FALL ON 10-21-1955</u>				INTERVAL BETWEEN ONSET AND DEATH <u>36 Hrs.</u> <u>13 DAYS</u> <u>13 DAYS</u>
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? 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) <u>066</u> (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>10-20, 1955</u> to <u>11-2, 1955</u> , that I last saw the deceased alive on <u>11-2, 1955</u> , and that death occurred at <u>1:50 AM</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>L. S. Humphreys, D.O.</u>			23b. ADDRESS <u>Tuscumbia, Mo.</u>		23c. DATE SIGNED <u>11-7-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/5/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion</u>	24d. LOCATION (City, town, or county) (State) <u>Tuscumbia, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>11/10/55</u>	REGISTRAR'S SIGNATURE <u>Mrs. D. E. Kallenbach</u>	391-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hedges Funeral Homes Inc Iberia, La</u>		

(Licensed Embalmer's Statement on Reverse Side)

NOV 19 1950

RECEIVED
STATE DEPT. OF HEALTH
BALTIMORE

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 _____

Walter J. Vudges

Licensed Embalmer No. _____

4265

P. O. Address _____

Heris, Md.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.