

FILED MAR. 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 7836BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY OR TOWN <u>Nevada</u>		c. LENGTH OF STAY (in this place) <u>13 years</u>	c. CITY OR TOWN <u>Nevada</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>801 N. Washington</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED a. (First) <u>Emma</u> b. (Middle) <u>Eliza</u> c. (Last) <u>Pryor</u>		4. DATE OF DEATH (Month) <u>March</u> (Day) <u>4</u> (Year) <u>1956</u>	
5. SEX <u>Fm</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>November 24, 1863</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	9. AGE (In years last birthday) <u>92</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Bates County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Henry Meyer</u>		13b. MOTHER'S MAIDEN NAME <u>Clara M. Klostermeyer</u>	
14. NAME OF HUSBAND OR WIFE <u>George W. Pryor</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lelah Griggs</u> ADDRESS <u>Nevada, Mo. 429 S. Lynn</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>generalized arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture neck of femur 2 Non Union 5 mos</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)	
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>Sept 8, 1956</u> , to <u>March 4, 1956</u> , that I last saw the deceased alive on <u>Feb 10, 1956</u> and that death occurred at <u>7:50 pm.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>James J. Pascoe MD</u>		23b. ADDRESS <u>Nevada Mo</u>	
23c. DATE SIGNED <u>March 8 '56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>March 8, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Meyer Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Rockville Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ferry</u> ADDRESS <u>Ferry Funeral Home Nevada, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>3-10-1956</u>		REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>	

(Licensed Emballer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed *L. Douglas Perry*.....

Licensed Embalmer No. *496*.....

P. O. Address Nevada, Lis.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.