

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 20 1956

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 3037 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) Mt. Vernon		c. CITY OR TOWN Mt. Vernon	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) native		e. STREET ADDRESS (If rural, give location) 514 S. Hickory St. 0550	
d. FULL NAME OF HOSPITAL OR INSTITUTION 514 S. Hickory St.		f. STREET ADDRESS	

3. NAME OF DECEASED (Type or Print) William Lawson Prater	a. (First) William	b. (Middle) Lawson	c. (Last) Prater	4. DATE OF DEATH 3-14-1956
--	---------------------------	---------------------------	-------------------------	-----------------------------------

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 6-4-1889	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 9 Days 10	IF UNDER 24 HRS. Hours Min.
--------------------	-------------------------------	---	----------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	10b. KIND OF BUSINESS OR INDUSTRY Car salesman	11. BIRTHPLACE (City and State or Foreign Country) Lawrence Mo. Mo	12. CITIZENSHIP OF WHAT COUNTRY? native
---	---	---	--

13a. FATHER'S NAME Albert Prater	13b. MOTHER'S MAIDEN NAME Nannie Hill	14. NAME OF HUSBAND OR WIFE deceased
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none	17. INFORMANT'S SIGNATURE OR NAME Coe Prater Miller	ADDRESS 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 3 to 4 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	ANTECEDENT CAUSES DUE TO (b) Thrombotic condition in limb. <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) He had four cerebral accidents in the past seven years.		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

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) No.	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 <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 Mar. 4, 1956, to Mar. 14, 1956, that I last saw the deceased alive on Mar. 14, 1956, and that death occurred at 5: A.M. from the causes and on the date stated above.

23a. SIGNATURE J. A. Boucsein (Degree or title) D.O.	23b. ADDRESS Mount Vernon, Mo.	23c. DATE SIGNED 3-14-56
--	---------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 3-16-1956	24c. NAME OF CEMETERY OR CREMATORY Shiloh cemetery	24d. LOCATION (City, town, or county) (State) N.E. Miller Mo.
---	----------------------------	---	--

DATE REC'D BY LOCAL REG. 3-17-56	REGISTRAR'S SIGNATURE Cecil Handrick	25. FUNERAL DIRECTOR'S SIGNATURE Morris Limer	ADDRESS Miller Mo.
---	---	--	---------------------------

(Licensed Embalmer'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 *E. R. Lesman*.....

Licensed Embalmer No. 3297.....

P. O. Address *Miller*.....

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.