

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21375

State File No.

FILED JUN 20 1956

BIRTH NO.		REG. DIST. NO. <u>270</u>		PRIMARY REG. DIST. NO. <u>3050</u>		Registrar's No. <u>46</u>			
1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caruthersville</u>		c. LENGTH OF STAY (in this place) <u>2 Mos.</u>		c. CITY OR TOWN <u>Caruthersville</u>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Chaffin Add. E. 17th. St.</u>				e. STREET ADDRESS (If rural, give location) <u>Chaffin Add. E. 17th. St.</u>				<u>07820</u>	
3. NAME OF DECEASED a. (First) <u>Maggie</u>			b. (Middle) <u>Lou</u>			c. (Last) <u>Prater</u>			
4. DATE OF DEATH <u>May 22 1956</u>			5. SEX <u>Female</u>			6. COLOR OR RACE <u>White</u>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>			8. DATE OF BIRTH <u>Dec. 10, 1896</u>			9. AGE (In years last birthday) <u>59</u>		10. UNDER 1 YEAR Months <u>5</u> Days <u>22</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 <u>Home</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Elbridge, Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Benjamin F. Crews</u>			13b. MOTHER'S MAIDEN NAME <u>Lou Annie Etheridge</u>			14. NAME OF HUSBAND OR WIFE <u>Walter C. Prater</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>X</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Angie Lee Peacock</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of colon</u>					INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>	
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Severe anemia of blood loss</u>						
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION <u>153x</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>Feb-16, 1956</u> , to <u>May 22, 1956</u> , that I last saw the deceased alive on <u>5-22, 1956</u> , and that death occurred at <u>2:30P.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Cornel Moskbe M.D.</u>					23b. ADDRESS <u>Caruthersville, Mo</u>		23c. DATE SIGNED <u>6-7-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 24, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Caruthersville, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>June 8, 1956</u>			REGISTRAR'S SIGNATURE <u>Freddie B. Walker</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>H.S. Smith</u>			
						ADDRESS <u>Funeral Home C'ville. Mo.</u>			

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

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6-152-54

JUN 18 1956

PERMISSOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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..... *W. Denver Duke*

Licensed Embalmer No. *4484*

P. O. Address *Caruthersville*

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.