

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25872

STATE FILE NUMBER

FILED AUG 23 1956

49377-56 Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 245

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Schuylers	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		c. CITY OR TOWN Greentop	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin Hospital		d. STREET ADDRESS Greentop (If outside, give location)	
Length of stay in 1b 38 das		Reside on farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Faith Loree Middle Edwards Last Pryor			4. DATE OF DEATH Month Aug. Day 13 Year 1956
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 7, 1956
9. AGE (In years last birthday) 0		IF UNDER 1 YEAR Months 1 Days 6	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY Infant	11. BIRTHPLACE (City and state or country) Kirksville, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Kenneth Wayne Pryor	
14. MOTHER'S MAIDEN NAME Faye E. Gatlin		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No X	
16. SOCIAL SECURITY NO. None		17. INFORMANT Kenneth Wayne Pryor, Greentop Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary atelectasis DUE TO (b) Intestinal stasis with distention DUE TO (c) Prematurity - Patent Foramen Ovale PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART-I(a) 7543			INTERVAL BETWEEN ONSET AND DEATH 38 days
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 7543		20c. TIME OF INJURY Hour a. m. Month Day Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from July 7 1956 to Aug. 13 1956 and last saw her alive on Aug. 13, 1956 Death occurred at 1:20 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Mildred Tubach		22b. ADDRESS Kirksville, Mo.	
22c. DATE SIGNED 8-13-56		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 8/15/56		23c. NAME OF CEMETERY OR CREMATORY Greentop Park Cemetery	
23d. LOCATION (City, town, or county) Greentop, Mo.		(State)	
24. FUNERAL DIRECTOR Paul W. ...		ADDRESS Kirksville, Mo.	
25. DATE RECD. BY LOCAL REG. 8-15-56		26. REGISTRAR'S SIGNATURE Kate Lambert	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *George W. Daves*

Licensed Embalmer No. *47*

P. O. Address *1 Curson*

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.