

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 11 1956

State File No. **40392**

BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **6230** Registrar's No. **233**

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Vernon	
b. CITY (If outside corporate limits, write RURAL and give township) Rural - Metz - Mo.	c. LENGTH OF STAY (in this place) 50 yrs.	c. CITY OR TOWN Metz	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 1/2 Mile S.W of Metz		e. STREET ADDRESS (If rural, give location) 1/2 Mile S.W of Metz 1080	

3. NAME OF DECEASED (Type or Print) a. (First) Edith b. (Middle) _____ c. (Last) Pryor		4. DATE OF DEATH (Month) (Day) (Year) 11 - 25 - 56	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 28 - 1883
9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months 28 Days _____ Hours _____ Min. _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Prescott, Ia.	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Samuel J. Morrison	13b. MOTHER'S MAIDEN NAME Louisa	14. NAME OF HUSBAND OR WIFE Abright Harry Pryor
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 49-40 05143	17. INFORMANT'S SIGNATURE OR NAME Harry Pryor
		ADDRESS Metz - 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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 4 hrs.
	ANTECEDENT CAUSES Morbidity 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. 420.1.			

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) (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 **Nov 19**, to _____, 19____, that I last saw the deceased alive on **Nov**, 19____, and that death occurred at **8:30 am.**, from the causes and on the date stated above.

23a. SIGNATURE Thomas J. Boyd Sr.	(Degree or title)	23b. ADDRESS Rich Hill, Mo.	23c. DATE SIGNED 11-25-56
24. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-27-56	24c. NAME OF CEMETERY OR CREMATORY Pryor Creek Cem	24d. LOCATION (City, town, or county) (State) Metz Mo.
DATE REC'D BY LOCAL REG. 12-3-56	REGISTRAR'S SIGNATURE Anna E. Perry	25. FUNERAL DIRECTOR'S SIGNATURE Richard A. Shuter	ADDRESS Warde, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

51
0

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 *Ray C. McLeod*.....

Licensed Embalmer No. *480*.....

P. O. Address *Florida*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.