

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40905**

FILED DEC 24 1956

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY OR TOWN <u>Excelsior Springs</u>	c. LENGTH OF STAY (in this place) <u>4 years</u>	c. CITY OR TOWN <u>Excelsior Springs</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Excelsior Springs Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Centralia Street</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>WALTER</u>	b. (Middle) <u>MARION</u>	c. (Last) <u>PRYOR</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>November 15, 1956</u>
--	--------------------------	---------------------------	------------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 2, 1880</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>13</u>	IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>
--------------------	-------------------------------	---	-------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>General Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Knopville, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.P.</u>
---	--	---	--

13a. FATHER'S NAME <u>Harve Pryor</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Jiffin</u>	14. NAME OF HUSBAND OR WIFE <u>Myrtle (Ramsey) Pryor</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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Vereagh Pryor, Excelsior Springs, Missouri</u>	ADDRESS <u></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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u> <u>years</u>
	ANTECEDENT CAUSES DUE TO (b) <u>hypertension</u>		
	DUE TO (c) <u>arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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?
---	--	----------------------------

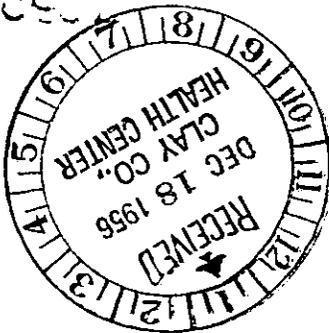
22. I hereby certify that I attended the deceased from 11/9, 1956, to 11/15, 1956 that I last saw the deceased alive on 11/15, 1956 and that death occurred at 5:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>DR. M. Cracker M.D.</u>	23b. ADDRESS <u>Excelsior Springs Mo.</u>	23c. DATE SIGNED <u>12/8/56</u>
---	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>November 17, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Knopville Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Knopville, Missouri</u>
---	------------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>11/19/56</u>	REGISTRAR'S SIGNATURE <u>Barlene Hutchings</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>RICHMOND MISSOURI, per Joseph</u>	ADDRESS <u>QUEST-LILE FUNERAL HOME</u>
--	--	---	--

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



DEC 7 1956

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.....
Licensed Embalmer No. V.A.C.G.

P. O. Address.....

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.