FILED JAN 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2506
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 6072 Registrar's No. 21

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Doe Run, Mo. Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Francois
c. CITY OR TOWN Doe Run, Mo. Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) Reside on Farm Yes ☐ No X

0940

3. NAME OF DECEASED (Type or print) First Floyd Middle Howard Last Prather Jr.

4. DATE OF DEATH Month Jan. Day 17 Year 1957

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH May 22, 1953
9. AGE (In years last birthday) 3
IF UNDER 1 YEAR Months 7 Days 25 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Austin Texas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Howard Prather
14. MOTHER'S MAIDEN NAME Nora Louise Skurlock

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Howard Prather Address Doe Run, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Palsy
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Meningitis, cause & type unknown
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH 3 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 3403
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 2-26-54, to 1-17-57 and last saw ~~him~~ him alive on 1-2-57
Death occurred at 7:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE F. Richard Couch, M.D. (Degree or title)
22b. ADDRESS Farmington, Mo.
22c. DATE SIGNED 1-21-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Jan. 19, 1957
23c. NAME OF CEMETERY OR CREMATORY Parkview Cem.
23d. LOCATION (City, town, or county) Farmington (State) Mo.

24. FUNERAL DIRECTOR C. H. Cozean ADDRESS Farmington, Mo.
25. DATE RECD. BY LOCAL REG. Jan 21, 1957
26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision...

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 40

P. O. Address Farmingto

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.