

FILED SEP 3 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 0 27 375

STATE FILE NUMBER

Health,
Welfare
Public
Service

Registration District No. 1 Primary Registration District No. 5000 Registrar's No. 300

300
1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Adair</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirksville, Benton T p</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Kirksville,</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>at Home</u> Length of stay in lb yrs <u> </u>		d. STREET ADDRESS <u>R. F. D. #5</u> (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Henry</u> Middle <u>Jesse</u> Last <u>Prather</u>			4. DATE OF DEATH Month <u>Aug.</u> Day <u>25,</u> Year <u>1957</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 30, 1891</u>
9. AGE (In years last birthday) <u>66</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Masonry Work</u>	11. BIRTHPLACE (City and state or country) <u>Adair County, Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Masonry Work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Masonry</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Henry Marion Prather</u>		14. MOTHER'S MAIDEN NAME <u>Rosean Domey</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>494-20-6966</u>	17. INFORMANT <u>Raymond Prather, Kirksville, Mo.</u>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Self inflicted gunshot wound into the</u> DUE TO (b) <u>head at a point between the eyebrows,</u> DUE TO (c) <u>(22 remington targetmaster rifle)</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <u>976x</u>			INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>man sat on chair, placed butt of rifle on the</u>		20c. TIME OF INJURY Hour <u> </u> Month, Day, Year a. m. <u> </u> <u>8/25/57</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>	
20f. CITY, TOWN, OR LOCATION <u>Rt. 5, Kirksville, Adair, Mo.</u>		20g. COUNTY <u>Adair</u>	
20h. STATE <u>Mo.</u>		21. I attended the deceased from <u> </u> to <u> </u> and last saw her alive on <u> </u> Death occurred at <u>App. 4:00</u> A m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Nova E. Foster, Coroner, Adair Co, Mo.</u>		22b. ADDRESS <u>Kirksville, Missouri</u>	
22c. DATE SIGNED <u>8/26/57</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>8/27/57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Yarrow Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Adair County, Mo.</u>		23e. STATE <u>Mo.</u>	
24. FUNERAL DIRECTOR <u>Paul M. Riley</u>		25. DATE RECD. BY LOCAL REG. <u>8-26-1957</u>	
26. REGISTRAR'S SIGNATURE <u>Doris W. Raloff</u>		27. ADDRESS <u>Kirksville, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

35

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 Richard R. Ellis, Student Embalmer No. 542 working under my personal supervision.

Student Richard R. Ellis
Signature of Student Embalmer

Signed George W. Davall

Licensed Embalmer No. 479

P. O. Address Kirkwood

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.