Health, & Welfare Public Service

. 300
1-56

FILED OCT 28 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37077
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 327

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre, Missouri — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hosp. — Length of stay in 1b 19 days

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

3. NAME OF DECEASED (Type or print) First: Mary Middle: Naomi Last: Prather

4. DATE OF DEATH Month Oct. Day 15 Year 1957

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐ 8. DATE OF BIRTH Nov. 29, 1880 9. AGE (In years last birthday) 76 IF UNDER 1 YEAR: Months 10 Days 16 IF UNDER 24 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 country) Crawford, County, Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Land
14. MOTHER'S MAIDEN NAME Elizabeth Carder

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. ---
17. INFORMANT Address: Ferlyn Prather, Cantwell, Missouri

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 Thrombosis producing Complete rt. hemiplegia + aphasia — INTERVAL BETWEEN ONSET AND DEATH 12 da.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Diabetes Mellitus 260X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

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 Oct 5, 1957 to Oct 15, 1957 and last saw her alive on Oct 15, 1957
Death occurred at 2:35 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. A. Huckstep (Degree or title) M.D.
22b. ADDRESS Farmington, Mo
22c. DATE SIGNED 10-16-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10/17/1957
23c. NAME OF CEMETERY OR CREMATORY Oddfellows Cemetery
23d. LOCATION (City, town, or county) St. Francois, (State) Mo.

24. FUNERAL DIRECTOR C.Z.Boyer & Son ADDRESS Desloge, Mo
25. DATE RECD. BY LOCAL REG. Oct. 16, 1957.
26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

Coroner, 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

OCT 31 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed C. L. Boyer

Licensed Embalmer No. 14

P. O. Address Desloge, Mo

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