

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017604
State File No.

FILED JUN 2 1958

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Excelsior Springs)	c. LENGTH OF STAY (In this place) 1 Hour	c. CITY OR TOWN Excelsior Springs	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 Excelsior Hospital		e. STREET ADDRESS (If rural, give location) 305 West Excelsior St.	

3. NAME OF DECEASED (Type or Print) a. (First) Ben	b. (Middle) L.	c. (Last) Prather	4. DATE OF DEATH (Month) (Day) (Year) May 15, 1958
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Mar. 3rd 1875	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 2 Days 12	IF UNDER 24 HRS. Hours 1 Min. 12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer, Retired		10b. KIND OF BUSINESS OR INDUSTRY xxxxx		11. BIRTHPLACE (City and State or Foreign Country) Clay County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John S. Prather	13b. MOTHER'S MAIDEN NAME Lou Roberts	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO. No.	17. INFORMANT'S SIGNATURE OR NAME K.C. MOORE	ADDRESS Mrs. Cornelia Weicker, 11200 E. 50th
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 3 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerosis		
	DUE TO (c) Chronic emphysema		
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? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 4201
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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?
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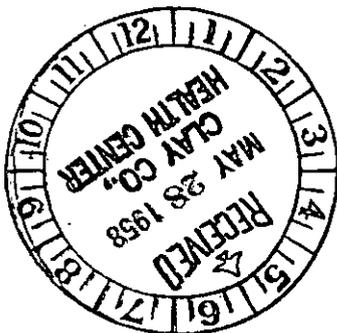
22. I hereby certify that I attended the deceased from June 1952 to 15 May, 1958, that I last saw the deceased alive on 15 May, 1958, and that death occurred at 8:35 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George E. Sanders M.D.	23b. ADDRESS Excelsior Springs, Mo.	23c. DATE SIGNED 5-16-58
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 17, 1958	24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery	24d. LOCATION (City, town, or county) (State) Excelsior Springs, MO.
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DATE REC'D BY LOCAL REG. 5-24-58	REGISTRAR'S SIGNATURE Caroline Hutchings	25. FUNERAL DIRECTOR'S SIGNATURE Hope Funeral Home	ADDRESS Ex. Spgs 1 MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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 *Chas. Virgil Hope*.....

Licensed Embalmer No. *3950*

P. O. Address *Excelsior, Minn.*

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.