

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000216
STATE FILE NUMBER

FILED FEB 9 1959 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 61

300
-57 0

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Columbia 105 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION University of Mo. Medical Center.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 1315 Ross
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Carson Middle Bright Last Prather			4. DATE OF DEATH Month Feb. Day 5 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10-17-99		9. AGE (In years last birthday) 59
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) Boone County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME William Redman Prather		13b. MOTHER'S MAIDEN NAME Ada Bright		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Army 1943-44		16. SOCIAL SECURITY NO. 490-07-0369		17. INFORMANT Hospital Record Address	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia, Tracheitis - Septicemic Staphylococcal			INTERVAL BETWEEN ONSET AND DEATH 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost.	DUE TO (b) Staphylococcus aureus - Post-op. Prostectomy		9 days
	DUE TO (c) Peptic ulcer c pyloric obstruction		17 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 54cc			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 1-20-59 to 2-5-59 and last saw her alive on 2-8-59 Death occurred at 8:30 AM 2-5-59 m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Hugh E. Stephenson, MD		22b. ADDRESS 807 Stadium Rd		22c. DATE SIGNED 2-5-59	

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2/6/59	23c. NAME OF CEMETERY OR CREMATORY Columbia		23d. LOCATION (City, town, or county) (State) Columbia, Mo.	
24. FUNERAL DIRECTOR Parker's, Columbia, Mo.			25. DATE RECD. BY LOCAL REG. Feb. 5 1959		26. REGISTRAR'S SIGNATURE Mrs R E Palmer	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

FEB 11 1959

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 *Douglas P. Gurnea*

Licensed Embalmer No. *5037*.....
P. O. Address. *Columbus, Ga.*

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.