

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-020186
STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 81

FILED JUN 13 1961

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington		c. CITY OR TOWN Joplin	
Length of stay in lb 31-5-5		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital #3		d. STREET ADDRESS (If outside, give location) R.R. #2	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Hubert Middle -- Last Prater			4. DATE OF DEATH Month 6 Day 1 Year 1961		
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 10-23-1895	9. AGE (last birthday) 65	IF UNDER 1 YEAR Months 7 Days 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown		10b. KIND OF BUSINESS OR INDUSTRY Unknown	11. BIRTHPLACE (City and state or country) Newton County, Mo.	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Single	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Address Admittance papers.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Vessel Disease		INTERVAL BETWEEN ONSET AND DEATH years
DUE TO (b) Broncho Pnevmonia		5 days
DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fractured right arm.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) Patient fell in hallway
20c. TIME OF INJURY Hour 1 a.m. p.m. Month, Day, Year 5 7 61		

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.) State Hospital #3,	20f. CITY, TOWN, OR LOCATION Washington Township, Vernon Missouri
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21. I attended the deceased from **12-26-29** to **6-1-61** and last saw ^{her}him alive on _____
Death occurred at **6:30 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>E. B. Prater, M.D.</i> (Degree or title)	22b. ADDRESS Nevada, Mo.	22c. DATE SIGNED 6-1-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/3/61	23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery	23d. LOCATION (City, town, or county) (State) Newtonia, Missouri
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24. FUNERAL DIRECTOR Clark Funeral Home	ADDRESS Neosho, Mo.	25. DATE RECD. BY LOCAL REG. June 7-1961	26. REGISTRAR'S SIGNATURE <i>Anna E. Jerry</i>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

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 F. Wayne Lewis, Student Embalmer No. 630

working under my personal supervision.

Student F. Wayne Lewis
Signature of Student Embalmer

Signed Fred L. Clark

Licensed Embalmer No. 5056

P. O. Address 312 S. Wood
Keosauqua, Mo.

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.