

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-014144

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 266

**FILED MAY 14 1962**

1. PLACE OF DEATH  
 a. COUNTY Boone  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia Length of stay in lb 12 Yrs  
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Boone County Hospital Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 e. STATE Missouri b. COUNTY Boone  
 c. CITY OR TOWN Columbia, Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 4 Mi. N. Columbia Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last  
Marie Lee Prather

4. DATE OF DEATH Month Day Year  
5-7-1962

5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH 5-7-1906 9. AGE (last birthday) 56 IF UNDER 1 YEAR IF UNDER 24 HR  
 Months Days 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 Home 11. BIRTHPLACE (City and state or country) Morgan County Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Unknown 13b. MOTHER'S MAIDEN NAME Ollie Menteer 14. NAME OF HUSBAND OR WIFE James E. Prather

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. [REDACTED] 17. INFORMANT Address James E. Prather Columbia, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Subarachnoid hemorrhage INTERVAL BETWEEN ONSET AND DEATH 30 hrs.  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis Unknown  
 DUE TO (c) —

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
 PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  N.  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  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 6 May 62 to 7 May 62 and last saw her alive on 7 May 62  
 Death occurred at 10:40 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Elmer P. Rodgers, M.D. 22b. ADDRESS 210 So. Tenth 22c. DATE SIGNED 9 May 62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 5/9/1962 23c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery 23d. LOCATION (City, town, or county) (State) Boone County, Mo.

24. FUNERAL DIRECTOR ADDRESS Lyman Sprinkle Columbia, Mo. 25. DATE RECD. BY LOCAL REG. May 9 1962 26. REGISTRAR'S SIGNATURE Mrs R E Palmer

VS 300 Rev. 4/59

10109  
20100

3  
4 1  
5 1  
6  
7 0  
8 2

9331X

10  
11  
12 1-0  
13 3-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 SHOULD READ

DOCUMENT  
 MEDICAL CERTIFICATION  
 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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.