MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-016512
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 148

FILED APR 18 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1	0941
2	0942
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4	1
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. / BY AFFIDAVIT OF / DOCUMENT

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Bonne Terre — Length of stay in 1b: 2 Weeks
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Bonne Terre Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: St. Francois
c. CITY OR TOWN: Flat River — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 104 E Main St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Hazel — Middle: L — Last: Prather
4. DATE OF DEATH: Month: April — Day: 10, — Year: 1962
5. SEX: F
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: May 30, 1906 - 55
9. AGE (last birthday): IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Beauty Operator- Ret.
10b. KIND OF BUSINESS OR INDUSTRY: Beauty Shop
11. BIRTHPLACE (City and state or country): Leadwood, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Jasper Lee
13b. MOTHER'S MAIDEN NAME: Rosie Womack
14. NAME OF HUSBAND ~~OR WIFE~~: Lon Prather
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.:
17. INFORMANT — Address: Lon Prather, Flat River, Mo.

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): Acute decompensation heart — INTERVAL BETWEEN ONSET AND DEATH: 3 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Arteriosclerotic heart disease — 5 years.
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 ☒ No ☐ 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 5 April 62, to 10 April 62 and last saw her alive on 10 April 1962
Death occurred at 11:45 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. L. Foster MD
22b. ADDRESS: Desloge, Mo.
22c. DATE SIGNED: 11 April 62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4/13/1962
23c. NAME OF CEMETERY OR CREMATORY: Parkview Cemetery
23d. LOCATION (City, town, or county) (State): Farmington, Missouri

24. FUNERAL DIRECTOR — ADDRESS: C. Z. Boyer & SOn, Desloge, Mo
25. DATE RECD. BY LOCAL REG.: April 12, 1962
26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

APR 19 1962

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~~ B. T. Boyer

Licensed Embalmer No. 3660

P. O. Address Desloge, Missouri

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.