

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-040943

FILED VS NOV 28 1960

Registration District No. 11 Primary Registration District No. 4024 Registrar's No. 98

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Barry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cassville</u>		Length of stay in 1b <u>4 hrs.</u>		c. CITY OR TOWN <u>Eagle Rock</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Osteopathic Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>MARY</u> Middle <u>PRIER</u> Last <u>PRIER</u>				4. DATE OF DEATH Month <u>NOVEMBER</u> Day <u>7</u> Year <u>1960</u>									
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>11-23-1869</u>		9. AGE (last birthday) <u>90</u>		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) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>		11. BIRTHPLACE (City and state or country) <u>Tennessee</u>			12. CITIZEN OF WHAT COUNTRY <u>USA</u>					
13a. FATHER'S NAME <u>John Shull</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Jane Brooks</u>				14. NAME OF HUSBAND OR WIFE <u>Joseph T. Prier</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT Address <u>John Prier-Purdy, Missouri</u>								
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Renal failure</u>										INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Congestive Heart Failure</u>										<u>3 months</u>			
DUE TO (c) <u>Arteriosclerotic Heart Disease</u>													
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						
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.)								
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year											
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 <u>11-6-60</u> to <u>11-7-60</u> and last saw her/him alive on <u>11-7-60</u> Death occurred at <u>3:00</u> <u>a</u> .m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <u>Herold H. Johnson DO.</u>						22b. ADDRESS <u>Cassville, Mo</u>			22c. DATE SIGNED <u>11/9/60</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11-11-1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Muncey Cemetery</u>			23d. LOCATION (City, town, or county) (State) <u>Barry County, Missouri</u>						
24. FUNERAL DIRECTOR ADDRESS <u>Culver's Funeral Home-Cassville</u>				25. DATE RECD. BY LOCAL REG. <u>11-14-1960</u>		26. REGISTRAR'S SIGNATURE <u>Grace Williams</u>							

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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Margaret C. Herbert

Licensed Embalmer No. 4389

P. O. Address Cassville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.