

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

18135  
Do not use this space.

FILED JUN 9 1944

1. PLACE OF DEATH

(a) County **Harrison** Registration District No. **133**  
(b) Township **Adams** Primary Registration District No. **5482** Registered No. **57**  
(c) City **Rural** (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Laurie Virgie Prather**

(a) Residence, No. **Mt. Moreau - Mo** St. **J** **Mt. Moreau - Mo**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF **Eb Prather** (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **8/27/1883**

7. AGE YEARS **60** MONTHS **8** DAYS **12** If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **Missouri** (STATE OR COUNTRY) **O**

FATHER 13. NAME **Nanford M. Peugh**

14. BIRTHPLACE (CITY OR TOWN) **Missouri** (STATE OR COUNTRY) **O**

MOTHER 15. MAIDEN NAME **Mary Hamilton**

16. BIRTHPLACE (CITY OR TOWN) **Missouri** (STATE OR COUNTRY) **O**

17. INFORMANT **Effie Peuh Wethered** (ADDRESS) **Gilman City Mo.**

18. BURIAL, CREMATION OR REMOVAL **Sharon** PLACE DATE **5/10/1944**

19. FUNERAL DIRECTOR **J M Chambers** (ADDRESS) **Mt Moreau Mo.**

20. FILED **May 10 1944** **John M. Burris** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5-9-1944**

22. I HEREBY CERTIFY, That I attended deceased from **March 6<sup>th</sup>**, 1944 to **5-9**, 1944  
I last saw him alive on **5-8**, 1944 Death is said to have occurred on the date stated above, at **7 am**

The principal cause of death and related causes of importance were as follows:

**Coronary Arthritis with atherosclerosis**  
Date of onset **Jan 15 1944**  
Other contributory causes of importance: **PBE**

Name of operation **Thrombectomy** Date of **5-9-44**  
What test confirmed diagnosis? **acute** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? **No** Date of injury **no**, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? **No**  
If so, specify \_\_\_\_\_

(Signed) **E. C. Stowers** M. D.  
(Address) **Gilman City Mo.**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, John M Chambers, Licensed Embalmer No. 2109

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed John M Chambers

Licensed Embalmer No. 2109

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.)