

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No.

FILED FEB 13 1945
1945

Primary Registration District No. 3025

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Howell

(b) City or town West Plains, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: West Plains Hosp.,
(If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution.....
(Specify whether)

In this community 1 wk
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon **75**

(c) City or town Peace Valley, Missouri **0**
(If outside city or town limits, write "RURAL") **0**

(d) Street No. R. F. D.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Skelton T. Priest

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Nina Priest

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased March 23
(Month) (Day) (Year)

8. AGE: Years 78 Months _____ Days _____ If less than one day
hr. _____ min. _____

9. Birthplace San Antonio, Texas.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business.....

MOTHER FATHER {

12. Name unk

13. Birthplace unk
(City, town, or county) (State or foreign country)

14. Maiden name unk

15. Birthplace unk
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. S. T. Priest

(b) Address Peace Valley, Missouri

17. (a) B (b) Date thereof 11-14-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ely Creek

18. (a) Signature of funeral director Robertsons

(b) Address West Plains, Missouri

19. (a) 1/29-45 (b) Jail Hauling
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12
year 1944 hour 2 minute 30A.M.

21. I hereby certify that I attended the deceased from 10/31, 1944 to 11/11, 1944
that I last saw unk alive on 11/11, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Cardia Retention Acute 7 hr

Due to Carcinoma prostate

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations 51 hr

Of autopsy.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) X

(b) Date of occurrence 11/11/44

(c) Where did injury occur? Peace Valley, Missouri
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? X (Specify type of place)
(e) Means of injury X

23. Signature Maurice Thompson (M. D. or other) MD

Address West Plains, Mo Date signed 11/11/44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

S. No. 2
9-4-41
5-17-39
X29484

1945
D. O. No. 245-415
Date Filed 2. 8. 45

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed A. A. Roberts

Licensed Embalmer No.....

P. O. Address 3437

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 this body is not embalmed, fact should be so stated above.