

# STANDARD CERTIFICATE OF DEATH

State File No. **2096**

Registration District No. **214**

Primary Registration District No. **3056**

Registrar's No. **35**

1. PLACE OF DEATH:

(a) County **Randolph**

(b) City or town **Mohely**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **In Caswell Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **4 days**  
(Specify whether years, months or days)

In this community **greater part of her life**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Monroe**

(c) City or town **Holleyway R.R.**  
(If outside city or town limits, write "RURAL")

(d) Street No. **0**  
(If rural, give location)

(e) Citizen of foreign country? **-** (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Mary Elizabeth Pridale**

3. (b) If veteran, name war **/**

3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **white**

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

(b) Name of husband or wife **Samuel Pridale**

6. (c) Age of husband or wife if alive **72** years

7. Birth date of deceased **9 27 1870**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>74</b>	<b>0</b>	<b>24</b>	_____ hr. _____ min.

9. Birthplace **Bandy Mo** **Dec 1**  
(City, town or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business **at home**

12. Name **Daniel Sherman**

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

14. Maiden name **Susan Rankin**

15. Birthplace **Dec 1**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Daniel Pridale**

(b) Address **Holleyway Mo R.R.**

17. (a) **burial** (b) Date thereof **1-23-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Holleyway Cemetery**

18. (a) Signature of funeral director **Fred A. Thompson**

(b) Address **Madison Mo**

19. (a) **1-26-48** (b) **Leah Kellawyn**  
(Date received local registrar) (Registrar's signature)

### MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **21** year **1948** hour **5** minute **45** M.

21. I hereby certify that I attended the deceased from **Dec 26 1947** to **Jan 21 1948** and that I last saw her alive on **Jan 21 1948** and that death occurred on the date and hour stated above.

Immediate cause of death **auricular fibrillation**

Duration **3 days**

Due to **Cardio-renal-vascular disease**

Duration **2 1/2 yrs**

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: **938**

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
(Specify type of place)

While at work? \_\_\_\_\_ (a) Means of injury **2**

23. Signature **A. R. Curran, D.O.** (M.D. or D.O.)  
Address **Madison Mo** Date signed **1/27/48**

### PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

JAN 23 1956

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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 Mr Fred A. Thompson

Licensed Embalmer No. 3282

P. O. Address Madison, Mo

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.