

FILED APR 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12251

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 5562 Registrar's No. 10

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

1. PLACE OF DEATH a. COUNTY <u>Iron</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <u>Rural - Arcadia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Arcadia</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u></u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u></u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Alfred</u>	b. (Middle) <u>Hildebrand</u>	c. (Last) <u>Prier</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 4 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 17, 1871</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>2</u>	IF UNDER 1 YEAR Days <u>3</u>	IF UNDER 1 HRS. Hours <u></u>	IF UNDER 1 HRS. Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (State or foreign country) <u>Goodland, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>Am.</u>
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13a. FATHER'S NAME <u>Mounce Prier</u>	13b. MOTHER'S MAIDEN NAME <u>Ollie Loftes</u>	14. NAME OF HUSBAND OR WIFE <u>Letha Prier</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u></u>	16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Letha Prier</u>	ADDRESS <u>Ironton, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of face and neck</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>1917</u> DUE TO (c) <u></u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterio sclerosis, general</u>			

19a. DATE OF OPERATION <u></u>	19b. MAJOR FINDINGS OF OPERATION <u></u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u></u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u></u>
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22. I hereby certify that I attended the deceased from May 18, 1948, to April 9, 1949, that I last saw the deceased alive on Jan. 7, 1949, and that death occurred at 8:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ben W. Bull M.D.</u>	23b. ADDRESS <u>Ironton, Mo.</u>	23c. DATE SIGNED <u>4-13-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-6-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Nelson</u>	24d. LOCATION (City, town, or county) (State) <u>Banner, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>April 19, 1949</u>	REGISTRAR'S SIGNATURE <u>Mrs. Lois Stone</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>A. J. White</u>	ADDRESS <u>White Funeral Home Ironton, Mo.</u>
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RECEIVED

Health Officer No.

File Number 44

Date Filed 4-2

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
Student Embalmer

Signed Carol White

Licensed Embalmer No. 3012

P. O. Address Sanitarium

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.