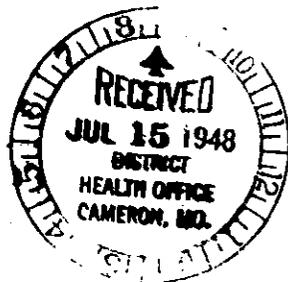


THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

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

BIRTH NO. _____ REG. DIST. NO. 135 PRIMARY REG. DIST. NO. 5496 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY Harrison			2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Mo. b. COUNTY Harrison		
b. CITY OR TOWN Rural Grant		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Rural Grant		7
d. FULL NAME OF HOSPITAL OR INSTITUTION S.M. - S. Ridgeway Mo.			d. STREET ADDRESS (If rural, give location) 592 - S. Ridgeway Mo.		
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) J. c. (Last) Prather			4. DATE OF DEATH (Month) (Day) (Year) Feb - 27 - 1949		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH June 10 - 1869	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 8 Days 17
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired Farmer	11. BIRTHPLACE (State or foreign country) W. Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME George Prather		13b. MOTHER'S MAIDEN NAME unk. name	14. NAME OF HUSBAND OR WIFE Miss Prather Decial		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Roy Prather, Ridgeway Mo.			
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					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH 1991
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Cause of Cancer left leg			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No.	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) No injury	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) S. Grant Harrison Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? No			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE D. E. G. Haselinger (Degree or title) Deputy Registrar		23b. ADDRESS Bethany Mo.		23c. DATE SIGNED Feb 27 1949	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 1 - 49	24c. NAME OF CEMETERY OR CREMATORY Kirkley Cemetery	24d. LOCATION (City, town, or county) (State) 6 miles S.W. Ridgeway Mo.		
DATE REC'D BY LOCAL REG. Feb. 27, 1949	REGISTRAR'S SIGNATURE Lee Brewer 1105	25. FUNERAL DIRECTOR'S SIGNATURE Robert P. Boggs		ADDRESS 400 S. Ridgeway Mo.	



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. 328

working under my personal supervision.

Student Gerald W. Boyles
Student Embalmer

Signed Robert R. Boyers

Licensed Embalmer No. 9576

P. O. Address Ridgeway 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.