

FILED SEP 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **27282**

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 2033 Registrar's No. 139

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Mo.</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u>	c. LENGTH OF STAY (in this place) <u>life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u>	<u>53</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Park Manor</u>		d. STREET ADDRESS (If rural, give location) <u>Park Manor</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>MIKE</u> c. (Last) <u>PRATER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 17-1949</u>	
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>7-6-1965</u>
9. AGE (In years last birthday) <u>84</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John W. Prater</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>E.S. Prater</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE, OR NAME ADDRESS <u>Fred Prater, Prosperine, Mo.</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> INTERVAL BETWEEN ONSET AND DEATH <u>Several yrs.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Penility</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>July 1, 1949, to Aug 5, 1949</u> ; that I last saw the deceased alive on <u>Aug 5, 1949</u> , and that death occurred at <u>11:45 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Ferrel H. Johnson</u> (Degree or title) <u>no</u>		23b. ADDRESS <u>Lebanon Mo</u>	23c. DATE SIGNED <u>8/20/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-20-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Camden Co. Mo.</u>
DATE REC'D BY LOCAL REG. <u>8-28-1949</u>	REGISTRAR'S SIGNATURE <u>Willa L. Ray</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. L. Jones - Buffalo, Mo</u>	

REC 29 1949

SEP 3 1949

Received .....

Laclede County Health Unit

File No. 9-49-122

Date Filed SEP 6 1949

NOV 7 1949

SEP 12 1949

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 *Marion B. Jones*

Licensed Embalmer No. 4322

P. O. Address *Buffalo 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.