

FILED APR 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9307

0495

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

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 152	
1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER			
b. CITY (If outside corporate limits, write RURAL and give township) JOPLIN		c. LENGTH OF STAY (In this place) 7 YRS		c. CITY (If outside corporate limits, write RURAL and give township) JOPLIN		0495	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1728 INDIANA				d. STREET ADDRESS (If rural, give location) 1728 INDIANA			
3. NAME OF DECEASED a. (First) RICHARD		b. (Middle) DALE		c. (Last) PRATHER		4. DATE OF DEATH (Month) (Day) (Year) MAR 26 1950	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH JUNE 27, 1938	
9. AGE (In years last birthday) 11		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME EUGENE M. PRATHER		13b. MOTHER'S MAIDEN NAME EVELYN STAMPER		14. NAME OF HUSBAND OR WIFE NONE			
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. NONE		17. INFORMANT'S SIGNATURE OR NAME EUGENE PRATHER		ADDRESS JOPLIN	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carbon monoxide poisoning ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH unknown, possibly 15 minutes E 8900 15	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Joplin Jasper Missouri			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3-26-50 12:45 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Carbon monoxide from gas stove.			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, and that death occurred at 12:45 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Deputy or title) [Signature]				23b. ADDRESS 410 Jackson, Joplin, Mo		23c. DATE SIGNED 3-27-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAR 29 1950		24c. NAME OF CEMETERY OR CREMATORY FOREST PARK		24d. LOCATION (City, town, or county) (State) JOPLIN Mo	
DATE REC'D BY LOCAL REG. 3-28-50		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HURLBUT GLOVER JOPLIN			

RECEIVED 4-10-50
Jasper County Health Office

County File Number 50-3-269
Date Filed 4-11-50

APR 17 1950

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Karl Glover

Signed.....
Student Embalmer

Licensed Embalmer No. ~~4583~~ 3

P. O. Address _____

Joplin 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.