

FILED MAY 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19187

BIRTH NO. _____ REG. DIST. NO. 369 PRIMARY REG. DIST. NO. 6252 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <i>Wayne</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Wayne</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Leeper</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Leeper</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Home</i>		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Elna</i> b. (Middle) <i>Jane</i> c. (Last) <i>Prator</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>April 23 1950</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Sept. 8, 1866</i>	9. AGE (In years last birthday) <i>83</i>	IF UNDER 1 YEAR Months <i>7</i> Days <i>18</i>	IF UNDER 48 HRS. Hours <i></i> Mins. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>		11. BIRTHPLACE (State or foreign country) <i>Crawford County Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
13a. FATHER'S NAME <i>Marion Fitzwater</i>		13b. MOTHER'S MAIDEN NAME <i>Lavera Key</i>		14. NAME OF HUSBAND OR WIFE <i>unk.</i>		
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 <i>Helma Jane Eastman St. Louis Mo.</i>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Broken left hip</i>			INTERVAL BETWEEN ONSET AND DEATH <i>9090</i> <i>21</i>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____	
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 _____, 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 (Degree or title) <i>H. H. Line M.D.</i>		23b. ADDRESS <i>Piedmont Mo.</i>		23c. DATE SIGNED <i>4/28/50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>4-25-50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Mill Spring</i>	24d. LOCATION (City, town, or county) (State) <i>Mill Spring Mo.</i>		
DATE REC'D BY LOCAL REG. <i>5-9-50</i>	REGISTRAR'S SIGNATURE <i>Susie O. Piles</i>	540	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>H. W. Bush Piedmont Mo.</i>		

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

ADDITIONAL COUNTY HEALTH INFORMATION REQUESTED

RECEIVED

MAY 17 1950

WAYNE CO. HEALTH CENTER

FILE No. 550-660

DEC 1 1950

MAY 22 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 _____

Marvin E. Bowles

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Marvin E. Bowles

Licensed Embalmer No. 4426

P. O. Address Piedmont, 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.