

FILED OCT 30 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 34101

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5715 Registrar's No. 119

1. PLACE OF DEATH a. COUNTY <b>MACON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before institution). a. STATE <b>Mo</b> b. COUNTY <b>Shelby</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural (Hudson)</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Lenton Township</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>1020</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Mrs Leticia Althof</b> b. (Middle) <b>Prather</b> c. (Last) <b>Prather</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 10 1950</b>					
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>May 22-1880</b>		9. AGE (In years last birthday) <b>69</b>	10. MONTH <b>8</b>	11. YEAR <b>18</b>	12. IF UNDER 1 YEAR Hours <b>0</b> Mins. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (State or foreign country) <b>Lewis Co, Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		

13. FATHER'S NAME <b>Charles A. Althof</b>		13b. MOTHER'S MAIDEN NAME <b>Alice Wharton</b>		14. NAME OF HUSBAND OR WIFE <b>Unknown</b>	
15. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>None</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Maud Turner - Clarence Mo</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Crushed Chest (accident)</b>		DUPLICATE				<b>216.6</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE				<b>25</b>	
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 checked="" type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <b>1/2 mi. east of town</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>MACON MACON Mo.</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>10-10-50 10A</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Car struck by truck and crushed because ambulance</b>

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 <b>[Signature]</b> (Degree or title)	23b. ADDRESS <b>C. J. Botkora M.D. Exello Mo.</b>	23c. DATE SIGNED <b>10/10/50</b>
---	---	----------------------------------

24a. BURIAL CREMATION (Specify) <b>Burial</b>	24b. DATE <b>10-12-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Macon Chapel North Lenton</b>	24d. LOCATION (City, town, or county) (State) <b>Mo</b>
---	---------------------------	---	---

DATE REC'D BY LOCAL REG. <b>10/17/50</b>	REGISTRAR'S SIGNATURE <b>Ruth Mcneely 185</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Hamilton Und Co</b>	ADDRESS <b>Clarence</b>
--	---	---	-------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

RECEIVED 10-24-50  
MACON COUNTY HEALTH DEPARTMENT

County File No. ....10-30-198  
Date Filed.....10-26-50.....

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.....

*Norval X. Turner*

Licensed Embalmer No. 3720

P. O. Address *Norval City*

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.