

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20492

State File No. 848

FILED JUL 10 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5573 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Sniabar Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BUCKNER 1480	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION X			

3. NAME OF DECEASED (Type or Print) a. (First) Homer	b. (Middle) J	c. (Last) PROSSER, Sr.	4. DATE OF DEATH (Month) (Day) (Year) June 19 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH June 2, 1899	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK OPERATOR	10b. KIND OF BUSINESS OR INDUSTRY JACKSON Co. Milk Dept	11. BIRTHPLACE (State or foreign country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME DAVID A. PROSSER	13b. MOTHER'S MAIDEN NAME ALICE FANSETT	14. NAME OF HUSBAND OR WIFE HORENA F. PROSSER
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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. 496-09-3909	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Homer J. Prosser, Jr., Parkville, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerotic heart disease 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 4200	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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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) G.W. C. Social for not deputy coroner	23b. ADDRESS 4050 Swackhamer St NW	23c. DATE SIGNED 6-20-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6/22/51	24c. NAME OF CEMETERY OR CREMATORY BUCKNER Hill Cemetery	24d. LOCATION (City, town, or county) (State) BUCKNER, MISSOURI
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DATE REC'D BY LOCAL REG. 6-20-51	REGISTRAR'S SIGNATURE Donald C. Emswiler	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Vernon M. Reppert, Buckner, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

460  
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JUL 12 1957

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.....

*Curtis E. Lutman*

410

working under my personal supervision.

Student Embalmer No.....

Signed *Curtis E. Lutman*  
Student Embalmer

Signed *Vernon M. Reppert*

Licensed Embalmer No.....

4311

P. O. Address *Buckner, 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.