X No. 300 10-48

FILED JUL 5 - 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20566

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 105

492 3

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

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webb City
c. LENGTH OF STAY (in this place): 24yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 401 N. Webb St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webb City 0472
d. STREET ADDRESS (If rural, give location): Gables Hotel

3. NAME OF DECEASED (Type or Print)
a. (First): HARRY
b. (Middle): A.
c. (Last): PROUTY

4. DATE OF DEATH (Month) (Day) (Year): June 27, 1951

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed V
8. DATE OF BIRTH: April 1, 1876
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months 2, Days 26 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shoe Maker
10b. KIND OF BUSINESS OR INDUSTRY: Shoes
11. BIRTHPLACE (State or foreign country): Massachusetts /
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: No data
13b. MOTHER'S MAIDEN NAME: No data
14. NAME OF HUSBAND OR WIFE:

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.:
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: S.I. Selby Webb City, Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertension — 5 yrs
DUE TO (c) Myocarditis — 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Fracture Rt hip.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 443 X F
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1945, *to* June, 1951, *that I last saw the deceased alive on* 3/30/51 19___, *and that death occurred at* 10:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Geo Wright M.D. 0
23b. ADDRESS: 227 So Webb Webb City Mo
23c. DATE SIGNED: 6/29/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: June 30, 1951
24c. NAME OF CEMETERY OR CREMATORY: Carterville Cemetery
24d. LOCATION (City, town, or county) (State): Carterville Missouri

DATE REC'D BY LOCAL REG.: June 30-51
REGISTRAR'S SIGNATURE: P. L. Pretschett M.D. 137
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Hedge Lewis Webb City, Missouri

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 7-3-51
Jasper County Health Office
County File Number 51/6/536
Date Filed 2-3-51

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 Richard Gray Lewis

Licensed Embalmer No. 44,05

P. O. Address Webb City M

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.