

FILED DEC 21 1951

STANDARD CERTIFICATE OF DEATH

State File No. 40576

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

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fairfax</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fairfax</u>	
c. LENGTH OF STAY (In this place) <u>40 yrs</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) _____	
3. NAME OF DECEASED (First) <u>ARTHUR</u> (Middle) <u>HERBERT</u> (Last) <u>PRIME</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 18, 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 17, 1875</u>
9. AGE (In years last birthday) <u>76-6-1</u>		9. AGE (In years) IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 12 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired blacksmith</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	
11. BIRTHPLACE (State or foreign country) <u>Alburgh England</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Prime</u>		13b. MOTHER'S MAIDEN NAME <u>Charlotte Carman</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs. A. H. Prime</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>500-07-7928A</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. A. H. Prime</u> ADDRESS <u>Fairfax Mo.</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral osteomalacia</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertensive cerebro-vascular disease 2 yrs.</u> DUE TO (c) <u>Hypertension</u> <u>5 yrs.</u> 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) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>334X</u>	
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 <u>May 1</u> , 19 <u>51</u> , to <u>12/18</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>12/18</u> , 19 <u>51</u> , and that death occurred at <u>9 p.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>James L. Coffey, M.D.</u> (Degree or title)		23b. ADDRESS <u>Fairfax Mo.</u>	
23c. DATE SIGNED <u>12/20/51</u>		24a. BURIAL, CREMATION, REINTERMENT (Specify) <u>Burial</u>	
24b. DATE <u>Dec 21, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge</u>	
24d. LOCATION (City, town, or county) (State) <u>Fairfax Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Marvin H. Schaefer</u> ADDRESS <u>Schaefer Funeral Home, Fairfax Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12/20/51</u>		REGISTRAR'S SIGNATURE <u>Marvin H. Schaefer</u> ADDRESS _____	



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

Marvin H. Schaefer

Signed.....
Student Embalmer

Licensed Embalmer No. *4167*

P. O. Address *Fairfax, Missouri*

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.