

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40759

FILED JAN 11 1952

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1371

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Andrew</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Joseph</u>		c. LENGTH OF STAY (In this place) <u>1 day</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural clay</u>		d. STREET ADDRESS (If rural, give location) <u>4 miles N.W. Fillmore</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>mo meth Hosp</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>MANFORD</u> b. (Middle) <u>ALVIN</u> c. (Last) <u>PRISWATER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 31, 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>Nov 30</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Fillmore Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Tim Praiswater</u>		13b. MOTHER'S MAIDEN NAME <u>NANCY Nease</u>		14. NAME OF HUSBAND OR WIFE <u>Molly Praiswater</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Molly Praiswater Fillmore 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute pulmonary edema</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary Tuberculosis</u> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Operation for inguinal hernia</u>				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION <u>12-31-51</u>	19b. MAJOR FINDINGS OF OPERATION <u>Rt inguinal hernia</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		5600A
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) (Min.)	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>12-30</u> , 19 <u>51</u> , to <u>12-31</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>12-31</u> , 19 <u>51</u> , and that death occurred at <u>2:45 P.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Paul Ingram M.D.</u>		23b. ADDRESS <u>St Joseph, Mo</u>		23c. DATE SIGNED <u>1-1-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 2, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fillmore</u>	24d. LOCATION (City, town, or county) (State) <u>Fillmore Mo</u>		
DATE REC'D BY LOCAL REG. <u>Jan 7, 1952</u>	REGISTRAR'S SIGNATURE <u>Carl C. Casty</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. Dean Cook</u>		ADDRESS <u>Savannah, Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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

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 *C. Dean Cab*.....

Licensed Embalmer No. 4670.....

P. O. Address Savannah, 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.