

LED JAN 3 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41921
Registrar's No. 485

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026

I. PLACE OF DEATH
 a. COUNTY Jackson
 b. CITY (If outside corporate limits, write RURAL and give township) Independence
 c. LENGTH OF STAY (In this place) _____
 d. FULL NAME OF HOSPITAL OR INSTITUTION 505 West South Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE Missouri b. COUNTY Jackson
 c. CITY (If outside corporate limits, write RURAL and give township) Independence
 d. STREET ADDRESS (If rural, give location) 505 West South Ave

3. NAME OF DECEASED
 a. (First) Margaret b. (Middle) Jane c. (Last) Pryer

4. DATE OF DEATH (Month) (Day) (Year) December 15, 1951

5. SEX Female **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** Married

8. DATE OF BIRTH Sept. 3 1894

9. AGE (In years) 57 (If under 1 year: last birthday) (Months) 5 (Days) 12 (If under 2 hrs: Hours) (Min.) _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) Missouri **12. CITIZEN OF WHAT COUNTRY?** USA

13a. FATHER'S NAME James Hookins **13b. MOTHER'S MAIDEN NAME** Celia Ann SeEVERS **14. NAME OF HUSBAND OR WIFE** Harry F. Pryer

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. 486-26-5776 **17. INFORMANT'S SIGNATURE OR NAME** Harry F. Pryer **ADDRESS** Indep. Mo

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral arteriosclerosis with encephalomalacia (b) _____ (c) _____
INTERVAL BETWEEN ONSET AND DEATH (a) _____ (b) _____ (c) _____
ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) hypertensive cardiovascular 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** _____ **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) _____ **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 11/3, 1951, to 12/15, 1951, that I last saw the deceased alive on 12/12, 1951, and that death occurred at 12 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Vance E. Link, M.D. **23b. ADDRESS** Independence, Mo **23c. DATE SIGNED** 12/17/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** Dec. 18, 1951 **24c. NAME OF CEMETERY OR CREMATORY** Mound Grove **24d. LOCATION (City, town, or county) (State)** Jackson Missouri

DATE REC'D BY LOCAL REG. Dec 17 1951 **REGISTRAR'S SIGNATURE** _____ **25. FUNERAL DIRECTOR'S SIGNATURE** Roland R. Speaks **ADDRESS** Indep. Mo

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

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DEC 26 1930

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



Licensed Embalmer No. 3604

P. O. Address Independence, 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.