

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3723

State File No.

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ED FEB 13 1952

BIRTH NO. _____ REG. DIST. NO. 355 PRIMARY REG. DIST. NO. 1205 Registrar's No.

1. PLACE OF DEATH a. COUNTY TEXAS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Texas	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PIERCE TWP.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pierce Twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Clear Springs district		d. STREET ADDRESS (If rural, give location) Clear Springs district	

3. NAME OF DECEASED (Type or Print) Maude Marjorie Virginia Prall			4. DATE OF DEATH (Month) (Day) (Year) 1 - 12 - 52		
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Oct. 4, 1893		9. AGE (In years last birthday) 58
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) Lawrenceburg, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Henry Houston Childers	13b. MOTHER'S MAIDEN NAME Cora Lee Jones	14. NAME OF HUSBAND OR WIFE Joseph N. Prall	
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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) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Roy Childers, Willow Springs, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculosis	II. OTHER SIGNIFICANT CONDITIONS Myocardial degeneration			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
	DUE TO (b) _____			
	DUE TO (c) _____			
	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"/>
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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) 002X	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 2/6, 1951, to 1/12, 1952, that I last saw the deceased alive on 1/10, 1952, and that death occurred at 9 P. m., from the causes and on the date stated above.

23a. SIGNATURE James R. Shaffer (Degree or title) MO.	23b. ADDRESS Intn. View mo	23c. DATE SIGNED 1/16/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-15-52	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) Willow Springs, Mo.
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DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE 433	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. Burns Willow Springs, Mo.	
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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 _____

J. Burns

Licensed Embalmer No. 3379

P. O. Address Willow Springs, 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.