

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6950

State File No.

FILED FEB 25 1952

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. LG 86 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Salt Fork place</u> c. LENGTH OF STAY (in this place) <u>5 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Salt Fork Twn. 0970</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural-8 1/2 Miles so. 65 Highway</u>		d. STREET ADDRESS (If rural, give location) <u>8 1/2 Mi. So. on Highway 65</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lesley</u>	b. (Middle) <u>Lawrence</u>	c. (Last) <u>Prosser</u>	4. DATE OF DEATH (Month) (Day) (Year)
	<u>Feb.</u>	<u>17</u>	<u>1952</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>April 16, 1893</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Days <u>10</u>	IF UNDER 24 Hrs. Mins. <u>1</u>
--------------------	-------------------------------	---	--	---	--------------------------------	---------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>International Shoe Co. Finishing Dept. Corder, Missouri</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>U.S.A.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	-----------------------------------	---	--

13a. FATHER'S NAME <u>David A. Prosser</u>	13b. MOTHER'S MAIDEN NAME <u>Alice Faucett</u>	14. NAME OF HUSBAND OR WIFE <u>Emma Long Prosser</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>1st World War</u>	16. SOCIAL SECURITY NO. <u>499-091875</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lesley J. Prosser</u> ADDRESS <u>Rural R. Marshall, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Angina Pectoris</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		<u>4 20 25</u>

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 Jan 15, 1946, to Feb. 17, 1952, that I last saw the deceased alive on Feb. 10th, 1952, and that death occurred at 7:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)	23b. ADDRESS <u>327 E. West Marshall Trs.</u>	23c. DATE SIGNED <u>2-18-52</u>
---	---	---------------------------------

24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/19/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ridge Park</u>	24d. LOCATION (City, town, or county) (State) <u>Marshall, Mo.</u>
--	--------------------------	--	--

DATE REC'D BY LOCAL REG. <u>2-18-1952</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Marshall, Mo.</u>
---	--	--

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 *Reily Taylor*

Licensed Embalmer No. 3237

P. O. Address Marshall 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.