

FILED APR 7 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8050**
Registrar's No. **334**

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **334**

1. PLACE OF DEATH a. COUNTY Greene county		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2306 N. National		d. STREET ADDRESS (If rural, give location) 2306 N. National	
3. NAME OF DECEASED (Type or Print) a. (First) Eva b. (Middle) _____ c. (Last) Prater			4. DATE OF DEATH (Month) (Day) (Year) April 3 1952
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 13 1869
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY In Home	9. AGE (In years last birthday) 82
11. BIRTHPLACE (State or foreign country) Polk Co. Mo.		12. CITIZEN OF WHAT COUNTRY? Green	
13a. FATHER'S NAME Jackson Hodges		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE M. T. Prater
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Bruce Prater R. FED Pleasant Hope ADDRESS _____
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis		INTERVAL BETWEEN ONSET AND DEATH ?	
*This does not mean the mode of dying, such as heart failure, ashenia, 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) Botulism chronic generalized	
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 332x	
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 , 19 51 , to April , 19 52 , that I last saw the deceased alive on March , 19 52 , and that death occurred at 6:50 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W. W. Gillman, M.D.		23b. ADDRESS Springfield, Mo.	23c. DATE SIGNED 4-5-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-6-52	24c. NAME OF CEMETERY OR CREMATORY New Hope
24d. LOCATION (City, town, or county) (State) Greene County Mo.		25. FUNERAL DIRECTOR'S SIGNATURE J. W. Klingner & Co. ADDRESS Springfield Mo.	
DATE REC'D BY LOCAL REG. 4-5-52		REGISTRAR'S SIGNATURE James A. Omer, M.D.	

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

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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.....
Student Embalmer

Signed J. B. Klengner
Licensed Embalmer No. 3358

P. O. Address.....

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.