

FILED JUN 10 1952

THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15519

State File No.

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 88

330
012
0043

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

1. PLACE OF DEATH a. COUNTY <u>AUDRAIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>AUDRAIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEXICO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEXICO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>827 S. WEBSTER</u>		d. STREET ADDRESS (If rural, give location) <u>827 S. WEBSTER</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CURTIS</u> b. (Middle) <u>ALVIN</u> c. (Last) <u>PRATER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 28 - 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>JAN 4 - 1907</u>
9. AGE (In years last birthday) <u>45</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FIREBRICK IND.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FIRE BRICK</u>	11. BIRTHPLACE (State or foreign country) <u>MILAN, MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>JACOB PRATER</u>	
13b. MOTHER'S MAIDEN NAME <u>FLORENCE DEVER</u>		14. NAME OF HUSBAND <u>FRANCES PRATER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>491-056424</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. C.A. PRATER</u> ADDRESS <u>MEXICO 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary thrombosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>None.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4201	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input checked="" type="checkbox"/>	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>May 27</u> , 1952, to <u>May 28</u> , 1952, that I last saw the deceased alive on <u>May 28</u> , 1952, and that death occurred at <u>5:35</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Harry J. O'Brien M.D.</u> (Degree or title)		23b. ADDRESS <u>415 - Monroe Street, Mexico, Missouri</u>	23c. DATE SIGNED <u>5-31-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5-31-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>EASTLAWN MEM PARK</u>	24d. LOCATION (City, town, or county) (State) <u>AUDRAIN COUNTY, MO</u>
DATE REC'D BY LOCAL REG. <u>May 31 1952</u>	REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>CHAS ARNOLD, JR.</u> ADDRESS <u>Mexico MO</u>	

STATE F. T. W. D.

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

Charles V. Greening

Licensed Embalmer No. 4628

P. O. Address Mejia 9ed

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.