

STANDARD CERTIFICATE OF DEATH

State File No. **17075**

BIRTH NO. _____ REG. DIST. NO. **169** PRIMARY REG. DIST. NO. **4287** Registrar's No. **28**

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

1. PLACE OF DEATH a. COUNTY KNOX		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Knox	
b. CITY (If outside corporate limits, write RURAL and give township) Edina		c. CITY (If outside corporate limits, write RURAL and give township) Edina	
c. LENGTH OF STAY (in this place) 824 hrs		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Nellie Prosser Residence			

3. NAME OF DECEASED (Type or Print) a. (First) Isabelle b. (Middle) _____ c. (Last) PROSSER			4. DATE OF DEATH (Month) (Day) (Year) May-19-1952		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov-17-1863	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months 6 Days 2

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homekeeper	10b. KIND OF BUSINESS OR INDUSTRY Homekeeper	11. BIRTHPLACE (State or foreign country) Kentucky	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Aaron Walter	13b. MOTHER'S MAIDEN NAME Anna Bruce	14. NAME OF HUSBAND OR WIFE Henry C Prosser
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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 Mrs Nellie Prosser ADDRESS Edina Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocarditis		INTERVAL BETWEEN ONSET AND DEATH May 15-52 to May 19-52
	2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. arteriosclerosis gen infirmities		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	

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 <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 **May 15, 1952** to **May 19, 1952**, that I last saw the deceased alive on **May 18, 1952**, and that death occurred at **9:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE E. O. Holmes, D.D. (Degree or title)	23b. ADDRESS Novelty Mo	23c. DATE SIGNED May 21-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 21-1952	24c. NAME OF CEMETERY OR CREMATORY Harmony	24d. LOCATION (City, town, or county) (State) Knox County Missouri
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DATE REC'D BY LOCAL REG May 22-52	REGISTRAR'S SIGNATURE Nelle J. Hunolt	25. FUNERAL DIRECTOR'S SIGNATURE Keith Hudson ADDRESS Edina Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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.....

Keith Hudson

Signed.....

Student Embalmer

Licensed Embalmer No. 2415

P. O. Address Edina 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.