

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19728

FILED JUN 30 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 197

1. PLACE OF DEATH a. COUNTY Cape Girardeau, Mo.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Alexander	
b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau		c. CITY (If outside corporate limits, write RURAL and give township) Gale, Ill.	
c. LENGTH OF STAY (In this place) 4 Days		8 1/2 0 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital		d. STREET ADDRESS (If rural, give location) None	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Calvin c. (Last) Prather			4. DATE OF DEATH (Month) (Day) (Year) June 24 1952		
---	--	--	--	--	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 5 1916	9. AGE (In years: last birthday) 36	IF UNDER 1 YEAR 2 Months	IF UNDER 1 YEAR 19 Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
----------------	---------------------------	---	----------------------------------	--	-----------------------------	----------------------------	--------------------------	-------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Work		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and State or Foreign Country) Gale Ill. /		12. CITIZEN OF WHAT COUNTRY? U.S.A	
--	--	---	--	---	--	---------------------------------------	--

13a. FATHER'S NAME Ernest Prather		13b. MOTHER'S MAIDEN NAME Eliza Jackson		14. NAME OF HUSBAND OR WIFE (Deceased Wife)			
--------------------------------------	--	--	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes War 2		16. SOCIAL SECURITY NO. 332-14-6106		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Eliza Prather Gale Ill.			
---	--	--	--	---	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH 4 days	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ DUE TO (b) _____ DUE TO (c) _____							
		<p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p>							
		<p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
------------------------	--	----------------------------------	--	--	--	--	--	--	--

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 6:20, 1952, to 6:24, 1952, that I last saw the deceased alive on 6:23, 1952, and that death occurred at 2:32 p.m., from the causes and on the date stated above.

23a. SIGNATURE M.D. Washley		23b. ADDRESS CAPE GIRARDEAU MO		23c. DATE SIGNED 6-24-52	
--------------------------------	--	-----------------------------------	--	-----------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE June 26 1952		24c. NAME OF CEMETERY OR CREMATORY Hutchison Cemetery		24d. LOCATION (City, town, or county) (State) Gale Ill.	
--	--	---------------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG. 6-24-52		REGISTRAR'S SIGNATURE C. C. Summers		25. FUNERAL DIRECTOR'S SIGNATURE Berbling Funeral Home		ADDRESS Cairo Ill	
-------------------------------------	--	--	--	---	--	----------------------	--

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

# 164

2001 08 10

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 W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Cape Girardeau

*Not Embalmed*

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.