

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20205

FILED JUN 30 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5452 Registrar's No. 606-A

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Greene</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ash Grove</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ash Grove</u>   |  |
| c. LENGTH OF STAY (In this place)   |  | d. STREET ADDRESS (If rural, give location)   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>                                      |  |   |  |

|  |                      |                          |   |
|--|----------------------|--------------------------|---|
| 3. NAME OF DECEASED (Types or Print)<br>a. (First) <u>CARRIE</u> | b. (Middle) <u>B</u> | c. (Last) <u>PROSISE</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>June 19, 1952</u> |
|--|----------------------|--------------------------|---|

|                      |                               |  |  |   |                           |                        |                          |                         |
|----------------------|-------------------------------|--|--|---|---------------------------|------------------------|--------------------------|-------------------------|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Widow</u> | 8. DATE OF BIRTH<br><u>June 16, 1882</u> | 9. AGE (In years last birthday) <u>70</u> | IF UNDER 1 YEAR<br>Months | IF UNDER 1 HR.<br>Days | IF UNDER 1 MIN.<br>Hours | IF UNDER 1 MIN.<br>Min. |
|----------------------|-------------------------------|--|--|---|---------------------------|------------------------|--------------------------|-------------------------|

|   |  |  |   |
|---|--|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Home</u> | 11. BIRTHPLACE (State or foreign country)<br><u>Ash Grove Missouri</u> | 12. CITIZEN OF WHAT COUNTRY?<br><u>U. S. A.</u> |
|---|--|--|---|

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| 13a. FATHER'S NAME<br><u>William Morton</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Martha Fortner</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Thomas Prosise</u> |
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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)<br><u>No</u> | 16. SOCIAL SECURITY NO.<br><u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Mrs. Harry Johnson</u> | ADDRESS<br><u>Ash Grove, Mo.</u> |
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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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 |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heat Exhaustion</u>   |               | <u>3 hours</u>                   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Chronic Nephritis and Oedema</u><br>DUE TO (c) |               | <u>5 years</u>                   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>Chronic Valvular Heart with Hypertension</u>  |   | <u>10 yrs</u> |                                  |

|                        |   |  |
|------------------------|---|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION<br><u>591X</u> | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |
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|  |  |   |
|--|--|---|
| 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) |
|--|--|---|

|  |  |                            |
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| 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? |
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22. I hereby certify that I attended the deceased from March, 1952, to June, 1952, that I last saw the deceased alive on June 19, 1952 and that death occurred at 7:30 p. m., from the causes and on the date stated above.

|  |                   |                                     |                                    |
|--|-------------------|-------------------------------------|------------------------------------|
| 23a. SIGNATURE<br><u>Dr. Charles L. Orr M.D.</u> | (Degree or title) | 23b. ADDRESS<br><u>Ash Grove Mo</u> | 23c. DATE SIGNED<br><u>6-21-52</u> |
|--|-------------------|-------------------------------------|------------------------------------|

|  |                             |  |  |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 24b. DATE<br><u>6-22-52</u> | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Ash Grove, Cemetery</u> | 24d. LOCATION (City, town, or county) (State)<br><u>Ash Grove Missouri</u> |
|--|-----------------------------|--|--|

|  |  |  |                                  |
|--|--|--|----------------------------------|
| DATE REC'D BY LOCAL REG.<br><u>6-23-52</u> | REGISTRAR'S SIGNATURE<br><u>Edith Williamson Registrar</u> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Paula - Danvers</u> | ADDRESS<br><u>Ash Grove, Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

390

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.....

*Gayle L. Daniel*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4702*

P. O. Address *Ash Grove, 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.