

FILED SEP 13 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28244  
Registrar's No. 3789

|  |                           |   |  |   |   |  |  |
|--|---------------------------|---|--|---|---|--|--|
| BIRTH NO.  |                           | REG. DIST. NO. 149  |  | PRIMARY RES. DIST. NO. 1002   |   | Registrar's No. 3789   |  |
| 1. PLACE OF DEATH<br>a. COUNTY Jackson   |                           |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri b. COUNTY Jackson |   |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN Kansas City  |                           | c. LENGTH OF STAY (In this place)<br>17 years   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN Kansas City                                   |   | d. STREET ADDRESS (If rural, give location)<br>2501 Spruce                         |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) Nora<br>b. (Middle) R.<br>c. (Last) Prout   |                           |   |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br>Aug. 25, 1952   |   |  |  |
| 5. SEX<br>female   | 6. COLOR OR RACE<br>white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>widowed   |  | 8. DATE OF BIRTH<br>Dec. 19, 1873   |   | 9. AGE (In years last birthday) 78<br>if UNDER 1 YEAR Months Days Hours Mtn.       |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>housewife   |                           |   | 10b. KIND OF BUSINESS OR INDUSTRY        |   | 11. BIRTHPLACE (State or foreign country)<br>Missouri |  | 12. CITIZEN OF WHAT COUNTRY?<br>U. S. A. |
| 13a. FATHER'S NAME<br>Francis M. Epperson  |                           |   | 13b. MOTHER'S MAIDEN NAME<br>Sarah Scott |   | 14. NAME OF HUSBAND OR WIFE<br>William Prout          |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>NO   |                           | 16. SOCIAL SECURITY NO.<br>none   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br>Robert F. Prout 2501 Spruce  |   |  |  |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death.                                |                           | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Cause undetermined</u><br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>*Conditions contributing to the death but not related to the disease or condition causing death.<br><u>Spinal cord degeneration</u><br><u>Chronic - Cause undetermined</u> |  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 wks.</u><br><u>33ix</u>                   |  |
| 19a. DATE OF OPERATION   |                           | 19b. MAJOR FINDINGS OF OPERATION  |  |   |   | 20. AUTOPSY<br>YES <input type="checkbox"/> NO <input checked="" 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) m.   |                           | 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 <u>Per.</u> , 19 <u>42</u> , to <u>Aug. 25, 1952</u> , that I last saw the deceased <u>living on Aug. 13, 1952</u> , and that death occurred at _____ m., from the causes and on the date stated above. |                           |   |  |   |   |  |  |
| 23a. SIGNATURE<br><u>Robert A. Moore, M.D.</u>   |                           |   |  | 23b. ADDRESS<br><u>106 W. 14th St. K.C. Mo.</u>   |   | 23c. DATE SIGNED<br><u>Aug. 26, 1952</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>removal</u>  |                           | 24b. DATE<br><u>8-27-1952</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Pleasant Park</u>  |   | 24d. LOCATION (City, town, or county) (State)<br><u>Carrollton, Mo.</u>            |  |
| DATE REC'D BY LOCAL REG.<br><u>8-26-52</u>   |                           | REGISTRAR'S SIGNATURE<br><u>Geraldine Holmes</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Earp &amp; Sons 4139 Truman Rd.</u>  |   |  |  |

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

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.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed

Licensed Embalmer No. 99515

P. O. Address: 1700 5th

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.