No. 300
10.48

0710 1

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35762

BIRTH NO. NOV 3 1952 REG. DIST. NO. 236 PRIMARY REG. DIST. NO 4352 Registrar's No. 37

1. PLACE OF DEATH
a. COUNTY: Morgan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Versailles
c. LENGTH OF STAY (In this place): 8 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Morgan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Versailles 0710
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Dolly
b. (Middle): Jane
c. (Last): Pryor

4. DATE OF DEATH (Month) (Day) (Year): Oct 28, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar. 11, 1883
9. AGE (In years last birthday): 69 — If under 1 year: Months 7 Days 17 — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (City and State or Foreign Country): Morgan County, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Martin Sidebottom
13b. MOTHER'S MAIDEN NAME: Morning Cooper
14. NAME OF HUSBAND OR WIFE: Harry Pryor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs Raymond Wilson — **ADDRESS**: Versailles, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute rheumatic fever — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Hypertension — 2 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 400x
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 23, 1952 *to* Oct 28, 1952 *that I last saw the deceased alive on* Oct 28, 1952 *and that death occurred at* 8 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Jack Gunn (Degree or title) MD.
23b. ADDRESS: Versailles, Mo.
23c. DATE SIGNED: 10-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 31-52
24c. NAME OF CEMETERY OR CREMATORY: Silvey Cemetery
24d. LOCATION (City, town, or county) (State): Morgan County, Mo.

DATE REC'D BY LOCAL REG.: Nov 1-1952
REGISTRAR'S SIGNATURE: L. L. Washburn, M.D. 214-0 Per Vera O. Kidwell
25. FUNERAL DIRECTOR'S SIGNATURE: W. F. Kidwell — **ADDRESS**: Versailles, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.....

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Gene R. Patterson

Licensed Embalmer No. 4021

P. O. Address Versailles, 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.