No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5157

State File No. .....

FILED MAR 2 - 1953

BIRTH NO. ..... REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 4112 Registrar's No. 9

1210

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

1. PLACE OF DEATH
a. COUNTY: Chariton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dalton
c. LENGTH OF STAY (in this place): 80-Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): North part of Dalton

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Chariton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dalton
d. STREET ADDRESS (If rural, give location): North part of Dalton

3. NAME OF DECEASED (Type or Print)
a. (First): Walter
b. (Middle): ------
c. (Last): Prather

4. DATE OF DEATH (Month) (Day) (Year): Feb. 19th, 1953

5. SEX: Male 2
6. COLOR OR RACE: Black
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 2
8. DATE OF BIRTH: April, 10th, 1872
9. AGE (In years last birthday): 80 — If under 1 year: Months 10, Days 9 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Section Laborer
10b. KIND OF BUSINESS OR INDUSTRY: R.R.
11. BIRTHPLACE (City and State or Foreign Country): Dalton, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Jordan Prather
13b. MOTHER'S MAIDEN NAME: Frankie Prather
14. NAME OF HUSBAND OR WIFE: Emma Cooper Prather

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: Odessa Morgan, Dalton, 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) uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) hypertension — 2 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 444X
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* 2/8, 1953, *to* 2/19, 1953, *that I last saw the deceased alive on* 2/19, 1953, *and that death occurred at* 3:30 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Glenwood Fowler DO
23b. ADDRESS: Keytesville, Mo
23c. DATE SIGNED: 2/21/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 22nd, 1953
24c. NAME OF CEMETERY OR CREMATORY: City Cemetery
24d. LOCATION (City, town, or county) (State): Dalton, Mo.

DATE REC'D BY LOCAL REG.: 2-21-53
REGISTRAR'S SIGNATURE: Mildred Boone 56
25. FUNERAL DIRECTOR'S SIGNATURE: Hyde & Damett — **ADDRESS**: Keytesville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

MAR. 18 1953

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 H. D. Garnett

Licensed Embalmer No. 3046

P. O. Address Keytesville 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.