U.S. No. 300
Rev. 10-48

FILED MAR 2 - 1953

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 6744

BIRTH NO. _____ REG. DIST. NO. 119 180 PRIMARY REG. DIST. NO. 5673 Registrar's No. 21

0570

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

**1. PLACE OF DEATH**
a. COUNTY: Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Monroe Twp
c. LENGTH OF STAY (in this place): 4 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4 mi. S.E. of Massow Mills Mo

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Missouri 0570
d. STREET ADDRESS (If rural, give location): 4 mi. S.E. of Massow Mills Mo.

**3. NAME OF DECEASED** (Type or Print)
a. (First): MARY
b. (Middle): ELIZABETH
c. (Last): PRESTWOOD

**4. DATE OF DEATH** (Month) (Day) (Year): FEB. 15, 1953

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: April 15 1888
**9. AGE** (In years last birthday): 64 — If under 1 year: Months 10, Days 0 — If under 24 hrs.: Hours, Min.

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

**13a. FATHER'S NAME**: James Rector
**13b. MOTHER'S MAIDEN NAME**: Lucy Speers
**14. NAME OF HUSBAND OR WIFE**: H.W. Prestwood

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME**: C.L. Tice — ADDRESS: 805 Maury Memphis Tenn

**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): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 72 hrs.

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*
331X

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**:
**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* June, 1951, *to* Feb. 15, 1953 *that I last saw the deceased alive on* Feb. 13, 1953 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): H. F. Kelley D.O.
**23b. ADDRESS**: Troy Mo.
**23c. DATE SIGNED**: 2-26-53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Feb 17 53
**24c. NAME OF CEMETERY OR CREMATORY**: Old Alexander Cem
**24d. LOCATION** (City, town, or county) (State): Lincoln Co Mo

**DATE REC'D BY LOCAL REG.**: 2-28-53
**REGISTRAR'S SIGNATURE**: Emma R. Riddle 62 O
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Wayne McCoy Troy Mo.

(Licensed Embalmer's Statement on Reverse Side)

MAR 9 195

## 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 Wayne McCoy

Licensed Embalmer No. 35806

P. O. Address Troy 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.