No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8542

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6230 Registrar's No. 39

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

1. PLACE OF DEATH
a. COUNTY ~~BATES~~ VERNON.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) METZ TWP.
c. LENGTH OF STAY (in this place) 80 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 9 MI. S.W. RICH HILL.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY VERNON.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) METZ-TWP. 1080
d. STREET ADDRESS (If rural, give location) 9 MI. S.W. RICH HILL.

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) MARY JOSEPHINE PRYOR

4. DATE OF DEATH (Month) (Day) (Year) FEB-27-1953.

5. SEX FEMALE

6. COLOR OR RACE WHITE.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED.

8. DATE OF BIRTH NOV-2-1872

9. AGE (In years last birthday) 80 — IF UNDER 1 YEAR Months 3 Days 25 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE.

10b. KIND OF BUSINESS OR INDUSTRY OWN HOME.

11. BIRTHPLACE (City and State or Foreign Country) METZ, MISSOURI

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME WILLIAM CARR.

13b. MOTHER'S MAIDEN NAME ABBY ANN KNAPP.

14. NAME OF HUSBAND OR WIFE ROBERT E. PRYOR.

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 Robt. E. Pryor. Metz, Missouri. ADDRESS

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: 5 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arterio Sclerosis — 6 years
DUE TO (c) Hypertension — 6 years

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* Feb 22, 1953, *to* Feb 27, 1953, *that I last saw the deceased alive on* Feb 27, 1953, *and that death occurred at* 945 P *m., from the causes and on the date stated above.*

23a. SIGNATURE Wm F Allen (Degree or title) MD.

23b. ADDRESS Hume MO

23c. DATE SIGNED Mch 2/53

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL.

24b. DATE MARCH-2-1953

24c. NAME OF CEMETERY OR CREMATORY GREENLAWN CEM.

24d. LOCATION (City, town, or county) (State) RICH HILL, MISSOURI

DATE REC'D BY LOCAL REG. 3-6-53

REGISTRAR'S SIGNATURE Anna E. Ferry 451-0

25. FUNERAL DIRECTOR'S SIGNATURE Booth Funeral Serv. Rich Hill, Mo. ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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 Robert G. Steinbeck

Licensed Embalmer No. 4657

P. O. Address Butler, 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.