

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13224**

FILED MAY 7 1953

BIRTH NO. _____ REG. DIST. NO. **27** PRIMARY REG. DIST. NO. **5088** Registrar's No. **51**

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

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY 0270 Bates	
b. CITY (If outside corporate limits, write RURAL and give township) Appleton City (Rural)	c. LENGTH OF STAY (In this place) 70 yr.	c. CITY (If outside corporate limits, write RURAL and give township) Appleton City Mo. (Rural)	
d. FULL NAME OF HOSPITAL OR INSTITUTION None		d. STREET ADDRESS (If rural, give location) Hudson-Twp	

3. NAME OF DECEASED (Type or Print) a. (First) ALVAH	b. (Middle) ALLEN	c. (Last) PRIER	4. DATE OF DEATH (Month) (Day) (Year) Apr. 29-53
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 6-20-1873	9. AGE (In years last birthday) 79	UNDER 1 YEAR Months 10 Days 9	IF UNDER 24 HRS. Hours 0 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Henry Co. Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William E. Prier	13b. MOTHER'S MAIDEN NAME Artemesia Brown	14. NAME OF HUSBAND OR WIFE Jelia Prier
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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. No	17. INFORMANT'S SIGNATURE OR NAME Jelia Prier	ADDRESS Appleton City, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 443 X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **1 Feb, 1953**, to **25 Apr, 1953**, that I last saw the deceased alive on **27 Apr, 1953**, and that death occurred at **12:07 am.**, from the causes and on the date stated above.

23a. SIGNATURE W. L. Allen, M.D.	23b. ADDRESS Appleton City	23c. DATE SIGNED 30 Apr 53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE May 2-53	24c. NAME OF CEMETERY OR CREMATOR Meyer Cemetery	24d. LOCATION (City, town, or county) (State) Appleton City, Mo.
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DATE REC'D BY LOCAL REG. May 2-53	REGISTRAR'S SIGNATURE Randall Murray	25. FUNERAL DIRECTOR'S SIGNATURE Osborn Coltrane	ADDRESS Appleton City, Mo.
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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.....

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working under my personal supervision.

Student Embalmer No.....

Signed Oscar Eckhoff

Signed.....
Student Embalmer

Licensed Embalmer No. 8942

P. O. Address Appleton City 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.