

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

State File No. **15227**

FILED MAY 6 1953
BIRTH NO. _____ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **93**

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla		c. LENGTH OF STAY (in this place) 2 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Phelps County Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Festus 0502	
		d. STREET ADDRESS (If rural, give location) 1	

3. NAME OF DECEASED (Type or Print) JAMES ALBERT PRYOR			4. DATE OF DEATH (Month) (Day) (Year) Apr. 30, 1953		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Dec. 26, 1921		9. AGE (In years last birthday) 31		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Drug Store Manager		10b. KIND OF BUSINESS OR INDUSTRY Retail Drugs		11. BIRTHPLACE (State or foreign country) St. James, Missouri	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Charles A. Pryor		13b. MOTHER'S MAIDEN NAME Clara Colter	
14. NAME OF HUSBAND OR WIFE Alfreda Bernardi Pryor		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II		16. SOCIAL SECURITY NO. 498-07-6875	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Alfreda Pryor, Festus, Missouri		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute alcoholism & cerebral edema		INTERVAL BETWEEN ONSET AND DEATH 2 days	

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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute alcoholism & cerebral edema		INTERVAL BETWEEN ONSET AND DEATH 2 days	
		ANTECEDENT CAUSES edema			
		DUE TO (b) Psychoneurosis + hysteria after			
		DUE TO (c) injury while in military service in world war II			
		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 3220		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-29, 1953 , to 4-30, 1953 , that I last saw the deceased alive on _____, 19____, and that death occurred at 9:00 AM from the causes and on the date stated above.					
23a. SIGNATURE E. E. Feind, M.D. (Degree or title)		23b. ADDRESS Rolla, Mo.		23c. DATE SIGNED 5-1-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 2, 1953		24c. NAME OF CEMETERY OR CREMATORY Rolla	
24d. LOCATION (City, town, or county) (State) Rolla, Missouri		24e. FUNERAL DIRECTOR'S SIGNATURE 380		24f. ADDRESS 1100 Elm, Rolla, Mo.	

DATE REC'D BY LOCAL REG. May 1, 1953		REGISTRAR'S SIGNATURE Nadine L. Stoll		24e. FUNERAL DIRECTOR'S SIGNATURE 380	
				24f. ADDRESS 1100 Elm, Rolla, Mo.	

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

MAY 8 1960

MS SEP 6 1960

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 *J. H. Halloway*

Licensed Embalmer No. 3643

P. O. Address Rolla, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.