

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

State File No. **24527**

FILED JUL 23 1953

No. 300
10.48

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

BIRTH RD. _____		REG. DIST. NO. <u>135</u>		PRIMARY REG. DIST. NO. <u>5496</u>		Registrar's No. <u>7</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Harrison</u>		a. STATE <u>Mo</u>		b. COUNTY <u>Harrison</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Grant</u>		c. LENGTH OF STAY (In this place) <u>43</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Grant</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 mi East Ridgeway Mo</u>				d. STREET ADDRESS (If rural, give location) <u>2 m - E Ridgeway. O</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>Emerald</u>	b. (Middle) <u>K</u>	c. (Last) <u>Prather</u>	(Month) <u>July</u>	(Day) <u>20</u>	(Year) <u>1953</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Sept 23 1875</u>		9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>27</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>West Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>George M Prather</u>		13b. MOTHER'S MAIDEN NAME <u>Mildred Ann Taylor</u>		14. NAME OF HUSBAND OR WIFE <u>Emma E Prather Deane</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Elsie Lyon</u> ADDRESS <u>Ridgeway</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive heart failure</u>				<u>6 months</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Myocarditis</u>				<u>2 years</u>	
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. <u>4222</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Feb. 5, 1953</u> , to <u>July 20 1953</u> , that I last saw the deceased alive on <u>July 20, 1953</u> , and that death occurred at <u>11:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Leta Brewer, M.D.</u> (Degree or title)				23b. ADDRESS <u>Ridgeway, Mo</u>		23c. DATE SIGNED <u>July 23-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-23-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Genesie Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>2 m. S.E. Ridgeway Mo</u>		
DATE REC'D BY LOCAL REG. <u>July 23-53</u>		REGISTRAR'S SIGNATURE <u>Leta Brewer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert W. Bossers</u> ADDRESS <u>Ridgeway Mo</u>			

NOV 23 1954

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 R. Baggers

Licensed Embalmer No. 35-76

P. O. Address Ridgewood, N.Y.

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.