

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27638**

FILED AUG 25 1953

BIRTH NO. _____		REG. DIST. NO. <u>10</u>		PRIMARY REG. DIST. NO. <u>5039</u>		Registrar's No. <u>129</u>	
1. PLACE OF DEATH a. COUNTY <u>Audrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural</u>		c. LENGTH OF STAY (in this place) <u>60 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Mexico</u>		d. STREET ADDRESS (If rural, give location) <u>0040</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home R. F. D. #1</u>				d. STREET ADDRESS (If rural, give location) <u>R. F. D. #1</u>			
3. NAME OF DECEASED (Type or Print) <u>George</u>		a. (First) _____		b. (Middle) _____		c. (Last) <u>Pryor</u>	
4. DATE OF DEATH <u>Aug. 21, 1953</u>		(Month) _____ (Day) _____ (Year) _____		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 26</u>		9. AGE (In years last birthday) <u>70</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Liberty, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Franklin Pryor</u>		13b. MOTHER'S MAIDEN NAME <u>Maggie Courtney</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs. George Pryor</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-28-7907-A</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Geo. Pryor</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Investigation with out Jury. Unattended by</u> ANTECEDENT CAUSES <u>Physician. No evidence of violence or foul play</u> DUE TO (b) <u>All evidence indicated that the deceased died from a heart condition probably a throm-</u> DUE TO (c) <u>basis of the Aorta.</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Heart Condition</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Salt River</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Audrain Missouri</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>No injury</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>454 x</u>					
22. I hereby certify that I attended the deceased from Coroners Case, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>S. C. Adams, M.H. Coroner</u>				23b. ADDRESS <u>Mexico, Missouri</u>		23c. DATE SIGNED <u>8/21/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-24-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Beaver Dam Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Audrain Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug 21-53</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clara Ambridge</u>			

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

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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.....

..... Student Embalmer No.

..... working under my personal supervision.

Student
Student Embalmer

Signed *Claro Arnold*

Licensed Embalmer No. 35689

P. O. Address Myrtle, N.C.

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.