

STANDARD CERTIFICATE OF DEATH

34903

State File No.

FILED OCT 16 1953

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 322

1. PLACE OF DEATH a. COUNTY <u>ADAIR</u> b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>KIRKSVILLE</u> c. LENGTH OF STAY (In this place) <u>5 DAYS</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GRANN - SMITH</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>SCOTLAND</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>MEMPHIS</u> d. STREET ADDRESS (If rural, give location) _____	
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3. NAME OF DECEASED a. (First) <u>Charles</u> b. (Middle) <u>A.</u> c. (Last) <u>Prather</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct.</u> <u>4</u> <u>1953</u>			
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>Oct. 29, 1976</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Days <u>11</u> Hours <u>5</u>	IF UNDER 2 HRS. Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Builder</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Memphis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>

13a. FATHER'S NAME <u>Zephaniah Prather</u>	13b. MOTHER'S MAIDEN NAME <u>Charlott Cline</u>	14. NAME OF HUSBAND OR WIFE <u>Maude L. Lough PRATHER</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. <u>497-10-8702</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Joe L. Prather</u>
		ADDRESS <u>MEMPHIS</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of base of tongue</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Glossitis?</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u> <u>1 yr</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION. <u>141X</u>	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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from Sept. 29, 1953, to Oct. 4, 1953, that I last saw the deceased alive on Oct. 4, 1953, and that death occurred at 9:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>George E. Grinn</u> <u>MD</u>	23b. ADDRESS <u>Kirkville Mo</u>	23c. DATE SIGNED <u>10-6-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE <u>10-4-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MEMPHIS CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>MEMPHIS Mo</u>
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DATE REC'D BY LOCAL REG. <u>10-8-53</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert 1-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Payne & Sons Memphis, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Philip D. Payne

Licensed Embalmer No. *2196*

P. O. Address

Memphis

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.