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

FILED NOV 13 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35673

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 110

1. PLACE OF DEATH
a. COUNTY: Harrison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bethany
c. LENGTH OF STAY (in this place): 25 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bethany Hospital & Clinic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 3138 1
d. STREET ADDRESS (If rural, give location): 418 East 9th

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Muza
c. (Last): Prather

4. DATE OF DEATH (Month): 9 (Day): 18 (Year): 1953

5. SEX: Female 1

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 0

8. DATE OF BIRTH: June 11, 1885

9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dressmaker

10b. KIND OF BUSINESS OR INDUSTRY: ___

11. BIRTHPLACE (State or foreign country): Missouri 0

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John V. Prather

13b. MOTHER'S MAIDEN NAME: Emzet Bennett

14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ___

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME: Mrs. Clara Tanner — **ADDRESS**: Ridgeway, Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Nephritis — INTERVAL BETWEEN ONSET AND DEATH: 8 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) ___

DUE TO (c) ___

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Bronchiectasis — 10 yrs

19a. DATE OF OPERATION: ___

19b. MAJOR FINDINGS OF OPERATION: ___

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: ___

22. *I hereby certify that I attended the deceased from* 8-21, 1953, *to* 9-18, 1953, *that I last saw the deceased alive on* 9-18, 1953, *and that death occurred at* 12:15 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: W. A. Broyles — (Degree or title): M.D.

23b. ADDRESS: Bethany, Missouri

23c. DATE SIGNED: 9-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9-20-53

24c. NAME OF CEMETERY OR CREMATORY: Yankee Ridge Cemetery

24d. LOCATION (City, town, or county) (State): Harrison County Missouri

DATE REC'D BY LOCAL REG.: 11/13/53

REGISTRAR'S SIGNATURE: Zola Burris 116

25. FUNERAL DIRECTOR'S SIGNATURE: [illegible] — **ADDRESS**: Cainsville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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~~

Winifred S. Wilson Student Embalmer No.

working under my personal supervision.

Signed Winifred S. Wilson

Signed.....
Student Embalmer

Licensed Embalmer No. 4716

P. O. Address Cainsville, 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.