

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36576

State File No.

No. 300

10.48

FILED OCT 19 1953

BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 4330 Registrar's No. 45

0671

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

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miss.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>East Prairie</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>East Prairie 0671</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>PAUL</u>	b. (Middle) <u>C.</u>	c. (Last) <u>PRESSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 26, 1953</u>
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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>Sept. 8, 1903</u>	9. AGE (In years) (last birthday) <u>50</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>18</u>	IF UNDER 24 HRS. Hours <u>0</u> Mins. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>oil Dealer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Sinclair Oil Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>East Prairie, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Crockett Presson</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Baker</u>	14. NAME OF HUSBAND OR WIFE <u>Viola S. Presson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>unk</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>492-01-7072</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Viola S. Presson - East Prairie, Mo.</u>	ADDRESS <u>East Prairie, Mo.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Bladder</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 years</u>
	ANTECEDENT CAUSES Morbidity 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from August, 1953 to September, 1953, that I last saw the deceased alive on Sept. 25, 1953, and that death occurred at 5:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Gordon W. Hemphill, M.D.</u>	23b. ADDRESS <u>East Prairie, Mo.</u>	23c. DATE SIGNED <u>9-30-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-27-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wagonwood</u>	24d. LOCATION (City, town, or county) (State) <u>Miss. Co., Missouri</u>
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DATE REC'D BY LOCAL REG. <u>10-8-53</u>	REGISTRAR'S SIGNATURE <u>Bertrude G. Harberic</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Harberic</u>	ADDRESS <u>East Prairie, Mo.</u>
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11/10

OCT 16 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed OCT 16 1953

OCT 21 1953

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

Travis W. Shelley Jr.

Licensed Embalmer No. 4940

P. O. Address East Prairie 3rd

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.