

STANDARD CERTIFICATE OF DEATH

41902

State File No.

FILED DEC 8 1953

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 6225		Registrar's No. 183	
1. PLACE OF DEATH a. COUNTY <u>Vermon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Barton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>North Wash King</u>		c. LENGTH OF STAY (In this place) <u>4-10-13</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lamar</u>		OR TOWN <u>0061</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #3</u>				d. STREET ADDRESS (If rural, give location) <u>✓</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Praxie</u> b. (Middle) <u>Harley</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>11-30-53</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Wed</u>		8. DATE OF BIRTH <u>5-16-83</u>	9. AGE (In years) (Month) (Day) (Year) <u>70</u> <u>6</u> <u>14</u>	IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, when if retired) <u>Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Tenn</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Wash Gentry</u>			13b. MOTHER'S MAIDEN NAME <u>Parrin Loftis</u>		14. NAME OF HUSBAND OR WIFE <u>Wid</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records Dept</u> ADDRESS _____			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis Chronic</u>		INTERVAL BETWEEN ONSET AND DEATH					
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>✓ ✓</u> DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Hypertensive heart disease</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443R</u>					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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>8-3-</u> 19 <u>51</u> , to <u>11-30</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>11-30-</u> 19 <u>53</u> and that death occurred at <u>9:35 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. E. Hall M.D.</u> (Degree or title)				23b. ADDRESS <u>Lamar Mo</u>		23c. DATE SIGNED <u>11-30-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Dec. 3 53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Santha</u>		24d. LOCATION (City, town, or county) (State) <u>SANTHA, BARTON, MO.</u>	
DATE REC'D BY LOCAL REG. <u>12-3-53</u>		REGISTRAR'S SIGNATURE <u>Anna S. Ferry</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clarence H. Cole</u>		ADDRESS <u>Lamar Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Clarence W. Child

Licensed Embalmer No.

3473

P. O. Address

Law 770

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.