

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

1047

State File No. _____

FILED FEB 1 1954

BIRTH NO. _____		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>3021</u>		Registrar's No. <u>12</u>		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)				
a. COUNTY <u>Grundy</u>		a. STATE <u>MO</u>		b. COUNTY <u>Grundy</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>		c. LENGTH OF STAY (in this place) <u>30y</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>705 W 17 St</u>				d. STREET ADDRESS (If rural, give location) <u>705 W 17 St</u>				
3. NAME OF DECEASED			4. DATE OF DEATH					
a. (First) <u>Hilda</u>		b. (Middle) <u>L</u>	c. (Last) <u>Pryor</u>		(Month) <u>JAN</u>	(Day) <u>22</u>	(Year) <u>1954</u>	
(Type or Print)								
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Apr. 123, 1865</u>	9. AGE (In years last birthday) <u>88</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 2 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Maker</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>DAVIS County MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		
13a. FATHER'S NAME <u>John Shafer</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>J.D. Pryor (dec)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. H.C. Jasch</u>					ADDRESS <u>Trenton MO</u>
(If yes, give war or dates of service)								
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Neumorrhage</u>			<u>2 days</u>	
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES				
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			<u>50 yrs</u>	
				DUE TO (b) <u>Atherosclerosis</u>				
				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"/>		
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) <u>331X</u>		(COUNTY) _____ (STATE) _____		
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____		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>Jan 20, 1954</u> , to <u>Jan 22, 1954</u> , that I last saw the deceased alive on <u>Jan 21, 1954</u> and that death occurred at <u>11a</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>E.A. Duffy M.D.</u>				(Degree or Title)		23b. ADDRESS <u>Trenton</u>	23c. DATE SIGNED <u>Jan 23 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN. 24, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HATTON CHAPEL</u>		24d. LOCATION (City, town, or county) <u>Grundy Co MO</u>		(State) _____	
DATE REC'D BY LOCAL REG. <u>1-24-54</u>		REGISTRAR'S SIGNATURE <u>Jane Jai</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Harris - Blackmore</u>			ADDRESS <u>Trenton mo</u>

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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 Harold L Roberts

Licensed Embalmer No. 4920

P. O. Address Brenton, Md.

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.