

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5017**  
Registrar's No. **522**

FILED MAR 4 1954  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>72 yrs</b>		e. STREET ADDRESS (If rural, give location) <b>1808 Montgall</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1808 Montgall</b>		3330	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Otto</b> b. (Middle) <b>Milton</b> c. (Last) <b>Prater</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>2/3/54</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>5/22/1881</b>
9. AGE (In years last birthday) <b>72</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Laborer</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Pleasant Hill, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>		13a. FATHER'S NAME <b>Isaac Prater</b>	
13b. MOTHER'S MAIDEN NAME <b>Sarah C Painter</b>		14. NAME OF HUSBAND OR WIFE <b>Carrie Smith Prater</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>490-09-1393-A</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Carrie Prater 1808 Montgall</b>
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) <b>Arteriosclerotic Heart Disease</b>  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. <b>History from Gen &amp; Hay 4200</b>	
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) <b>natural</b>	
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 type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE <b>Hugh H. Owens</b> (Degree or title) <b>Hugh H. Owens Coroner</b>		23b. ADDRESS <b>1034 Rialto Bldg., K &amp; Mo</b>	
23c. DATE SIGNED <b>2/4/54</b>		24a. NAME OF CEMETERY OR CREMATORY <b>Mound Grove Cem.</b>	
24b. LOCATION (City, town, or county) (State) <b>Independence Mo</b>		24c. DATE <b>2/5/54</b>	
DATE REC'D BY LOCAL REG. <b>2-4-54</b>		REGISTRAR'S SIGNATURE <b>Seraldine Smith</b>	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>John P. Sheil, K. C. Mo.</b>			

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.....  
Signature of Student Embalmer

Signed.....  
*John P. Smith*

Licensed Embalmer No. *362*

P. O. Address *K. C. Va.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.