

FILED APR 23 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11846

State File No. \_\_\_\_\_

|   |                                  |  |   |  |   |   |   |
|---|----------------------------------|--|---|--|---|---|---|
| BIRTH NO. _____   |                                  | REG. DIST. NO. <u>132</u>  |   | PRIMARY REG. DIST. NO. <u>3021</u>   |   | Registrar's No. <u>62</u>   |   |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Grand</u>   |                                  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>LIVINGSTON</u> |   |   |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Trenton</u>  |                                  | c. LENGTH OF STAY (in this place)<br><u>3 days</u>   |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Chaff</u>   |   | d. STREET ADDRESS (If rural, give location)<br><u>0592<br/>1</u>                    |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Chaffers Hospital</u>   |                                  |  |   |  |   |   |   |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Sylvia</u><br>b. (Middle) <u>MAY</u><br>c. (Last) <u>Pridemore</u>  |                                  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>April 4 1954</u>                      |  |   |   |   |
| 5. SEX<br><u>FEMALE</u>   | 6. COLOR OR RACE<br><u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u>   | 8. DATE OF BIRTH<br><u>Nov 3 1884</u>   |  | 9. AGE (In years last birthday) <u>69</u> Months <u>5</u> Days <u>1</u> | IF UNDER 1 YEAR<br>Hour   Min.  |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Home</u>   | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Linn County Missouri</u> |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>                              |   |   |
| 13a. FATHER'S NAME<br><u>Isaac Cook</u>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>Miranda Harrison</u>   |   | 14. NAME OF HUSBAND OR WIFE<br><u>John Pridemore</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 ADDRESS<br><u>John Pridemore Chula</u>   |   |   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><u>Diabetes mell</u><br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   |  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 wk</u> |
| 19a. DATE OF OPERATION  |                                  | 19b. MAJOR FINDINGS OF OPERATION<br><u>260X</u>  |   |  |   | 20. AUTOPSY?<br>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>March 28, 1954</u> to <u>April 4, 1954</u> , that I last saw the deceased alive on <u>April 4, 1954</u> , and that death occurred at <u>8:30 p.m.</u> , from the causes and on the date stated above. |                                  |  |   |  |   |   |   |
| 23a. SIGNATURE<br><u>[Signature]</u>  |                                  |  |   | (Degree or title)  |   | 23b. ADDRESS<br><u>[Address]</u>  | 23c. DATE SIGNED<br><u>4/10/54</u>              |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |                                  | 24b. DATE<br><u>April 18 1954</u>  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>High Cemetery</u>                        |  | 24d. LOCATION (City, town, or county) (State)<br><u>Laredo Missouri</u> |   |   |
| DATE REC'D BY LOCAL REG.<br><u>4-18-54</u>  |                                  | REGISTRAR'S SIGNATURE<br><u>[Signature]</u>  |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>E.J. Robertson Funeral Home Laredo</u>  |   |   |   |

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

*J. M. Robertson*

Licensed Embalmer No. 4388

P. O. Address Laredo

**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.