

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28214**

FILED SEP 8 1954 REG. DIST. NO. **185** PRIMARY REG. DIST. NO. **4301** Registrar's No. **11**

1. PLACE OF DEATH a. COUNTY <b>Linn</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Linn</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Meadville</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Meadville</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mea dville</b>		d. STREET ADDRESS (If rural, give location) <b>None</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>MAUD</b>	b. (Middle) <b>ALICE</b>	c. (Last) <b>PRATHER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>August 30 1954</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>12-30-1878</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months <b>7</b>	IF UNDER 1 YEAR Days <b>30</b>	IF UNDER 24 HRS. Hours <b></b>	IF UNDER 24 HRS. Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Homemaker</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>homemaker</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Linn County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Christopher C. Prather</b>	13b. MOTHER'S MAIDEN NAME <b>Mary E. Duncan</b>	14. NAME OF HUSBAND OR WIFE <b>N/A</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NONE</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ray E. Prather</b>	ADDRESS <b>Meadville, Missouri</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>8 days</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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>331x</b>	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 **Aug 22, 1954**, to **Aug 30, 1954**, that I last saw the deceased alive on **Aug 30, 1954**, and that death occurred at **3:14** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Walter Bryan, M.D.</b>	23b. ADDRESS <b>Wheeling, Mo.</b>	23c. DATE SIGNED <b>8-31-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1 Sept. 54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Ogan Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Linn County Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Sept. 1-1954</b>	REGISTRAR'S SIGNATURE <b>Chris A. Martens</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Norman Funeral Home</b>	ADDRESS <b>Chillicothe, Mo.</b>
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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 Edward L. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Mo.

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.