

FILED SEP 21 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30380**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 135 PRIMARY REG. DIST. NO. 4210 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Grant</u>	c. LENGTH OF STAY (In this place) <u>4 1/2</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Grant</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4-M-S. Ridgeway</u>		d. STREET ADDRESS (If rural, give location) <u>3 1/2 miles E Ridgeway</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Andy</u> b. (Middle) <u>-</u> c. (Last) <u>Prather</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sep. - 17 - 1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Dec. 8 - 1881</u>	9. AGE (In years last birthday) <u>72</u> <input type="checkbox"/> UNDER 1 YEAR Months <u>9</u> Days <u>9</u> <input type="checkbox"/> UNDER 12 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Harrison Co Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>George Prather</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Divorced</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Roy A. Prather</u>	ADDRESS <u>Ridgeway Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERNAL BETWEEN ONSET AND DEATH <u>3 months</u>  <u>2 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary heart failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>coronary disease</u>		
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 <input checked="" type="checkbox"/>	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	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 March, 1953, to Sept 17, 1954, that I last saw the deceased alive on Sept. 17, 1954, and that death occurred at 10:00 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Lexie Brewer M.D.</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Ridgeway Mo.</u>	23c. DATE SIGNED <u>Sept. 20 - 54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>sep. 19 - 54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Genlie Ridge Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>2-9A-S-E Ridgeway Mo.</u>
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DATE REC'D BY LOCAL REG. <u>SEPT. 19 - 54</u>	REGISTRAR'S SIGNATURE <u>Lexie Brewer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert P. Baggus</u>	ADDRESS <u>Ridgeway Mo</u>
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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 JMS

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Robert R. Baggens.

Licensed Embalmer No. 9576

P. O. Address Ridgeway 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.