

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED OCT 5 1954
BIRTH NO. 62792-54

REG. DIST. NO. 156

PRIMARY REG. DIST. NO. 2001 Registrar's No. 489

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		c. CITY OR TOWN JOPLIN	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION FREEMAN HOSPITAL		e. STREET ADDRESS (If rural, give location) 2606 MOFFET AVE. 0440	
3. NAME OF DECEASED (Type or Print) a. (First) SHEILA b. (Middle) DEAN c. (Last) PRYOR		4. DATE OF DEATH (Month) (Day) (Year) SEPT. 23, 1954	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) INFANT	8. DATE OF BIRTH SEPT. 22, 1954
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY INFANT	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min. 15
11. BIRTHPLACE (City and State or Foreign Country) JOPLIN, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME RUSSELL PRYOR		13b. MOTHER'S MAIDEN NAME IDA HOLMES	
14. NAME OF HUSBAND OR WIFE -----		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, no. or unknown) (If yes, give war or dates of service) INFANT	
16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME ADDRESS RUSSELL PRYOR, 2606 MOFFET AVE.	
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) Prematurity (8 months) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage DUE TO (c) Pulmonary oedema. 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 7605	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 9/22/54, 19___, to 9/23/54, 19___, that I last saw the deceased alive on 9/23/54, 19___, and that death occurred at 8:35A m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) W. L. Howard M.D.		23b. ADDRESS 1200 1/2 Block Jasper Ave	
23c. DATE SIGNED 9/24/54		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE 9-23-54		24c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK	
24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.	
DATE REC'D BY LOCAL REG. 9-28-54		REGISTRAR'S SIGNATURE James P. ...	

RECEIVED OCT 4
Jasper County Health Office
County File Number 54-10-
Date Filed OCT 4 19

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 *Steve Parker*

Licensed Embalmer No. 254
P. O. Address *Joplin*

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.