

FILED DEC 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37832

05123
4

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

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 3022 Registrar's No. 148

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Johnson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Johnson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Warrensburg</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Warrensburg</u> | |
| c. LENGTH OF STAY (In this place) <u>6 yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>418 My. Mayfield St</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Keith Nursing Home</u> | | | |
| 3. NAME OF DECEASED (Type or Print) <u>ELLA</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 19 1954</u> | |
| a. (First) | | b. (Middle) <u>J</u> | |
| c. (Last) <u>PRATHER</u> | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | 8. DATE OF BIRTH <u>3-4-1878</u> |
| 9. AGE (In years last birthday) <u>76</u> | | IF UNDER 1 YEAR: Months <u>8</u> Days <u>15</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Nurs Home</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>Brookland Iowa</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Taylor Wells</u> | | 13b. MOTHER'S MAIDEN NAME <u>unknown</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Charles Prather</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 <u>Mr. Charles Keith, Warrensburg, Mo</u> | | ADDRESS _____ | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of stomach</u> 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. <u>Rt. Cystic ovary</u> | |
| 19a. DATE OF OPERATION <u>None</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>151X</u> | |
| 19c. INTERVAL BETWEEN ONSET AND DEATH <u>6 mos</u> | | 20. AUTOPSY? 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) | | 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>Jan 8, 1954</u> to <u>Jan 19, 1954</u> that I last saw the deceased alive on <u>Jan 18, 1954</u> , and that death occurred at <u>8:30 A.M.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) | | 23b. ADDRESS <u>Warrensburg Mo</u> | |
| 23c. DATE SIGNED <u>11-14-54</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>11-21-54</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Harnew Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Holden Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>Nov 22, 1954</u> | | REGISTRAR'S SIGNATURE <u>Savannah Critefield</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Conrad & Co</u> | | ADDRESS <u>Holden Mo</u> | |

RECEIVED
NOV 29 1954
JOHNSON COUNTY HEALTH DEPT.

JOHNSON COUNTY HEALTH DEPT.

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 M. J. Coaday

Licensed Embalmer No. 3484

P. O. Address Holden, 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.