

FILED JAN 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 896

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <i>Breene</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Polk</i> 0840	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Springfield</i>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <i>Walnut Groves</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. John's Hospital</i>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <i>1 mile north of Walnut Groves</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>JOE</i> b. (Middle) <i>AUSTIN</i> c. (Last) <i>PRATER</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>JAN. 18, 1955</i>		
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Feb 20, 1905</i>	9. AGE (In years last birthday) <i>50</i>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Car salesman</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>McKusky Buick</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Steelville, Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Rev. Marcellus Prater</i>	13b. MOTHER'S MAIDEN NAME <i>Cord Evans</i>	14. NAME OF HUSBAND OR WIFE <i>Opal Beatrice Prater</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <i>497-32-9638</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Opal Beatrice Prater - Walnut Groves, Mo.</i>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <i>① Pulmonary aspiration of gastric contents due to hemorrhage from herniation gastric ulcer due to trauma.</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 hrs.</i>
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
	DUE TO (b) <i>Hemothorax left due to fracture ribs left due to accident.</i> DUE TO (c) <i>Pneumonia peritonaeum due to gastric tearing.</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>① Fracture, compound & femoral</i>		18 days	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>(2) Cerebral contusions.</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>accident</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Highway 166 near town</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Mt Vernon Lawrence Mo.</i>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Jan. 1 1955 A.M.</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>Automobile accident</i>
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22. I hereby certify that I attended the deceased from *July 2, 1955*, to *Jan 18, 1955*, that I last saw the deceased alive on *Jan 18, 1955*, and that death occurred at *6:46 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>R. Wendell Stewart M.D.</i>	23b. ADDRESS <i>219 Professional Bldg. Springfield 4 Mo.</i>	23c. DATE SIGNED <i>Jan 18, 1955</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>1-20-55</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Turkey Creek Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Walnut Groves - Missouri</i>
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DATE REC'D BY LOCAL REG. <i>1-22-55</i>	REGISTRAR'S SIGNATURE <i>Edith Williamson</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Brim - Daniel - Walnut Groves - Mo.</i>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 10 1955

JAN 27 1955

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.....
Leif L. Samuel

Licensed Embalmer No. 4702

P. O. Address *St. George*

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.