

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9010

State File No. _____

 BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Peru</u> b. CITY OR TOWN <u>Caruthersville</u> c. LENGTH OF STAY (in this place) <u>22</u> d. FULL NAME OF HOSPITAL OR INSTITUTION _____		2. USUAL RESIDENCE (Where deceased lived. If institution; resident before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Peru</u> c. CITY OR TOWN <u>Caruthersville</u> d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>S. Parshy City</u>	
3. NAME OF DECEASED (Type or Print) <u>JAMES</u> a. (First) _____ b. (Middle) _____ c. (Last) <u>DRATER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar-7-1955</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May-7-1874</u>
9. AGE (In years last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tree Cuts</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Beck Creek Tenn.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Nie Water</u>	
13. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>August L. Prather</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Y or N, or unknown) <u>no.</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>18 hrs</u>	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Hypertensive C.V. disease 68 yrs</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>443X</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) <u>Caruthersville Peru Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		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>3-6-1955</u> to <u>3-7-1955</u>, that I last saw the deceased alive on <u>3-6-1955</u>, and that death occurred at <u>8:45 AM</u>, from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>D. W. Cook</u>		23b. ADDRESS <u>Caruthersville Mo.</u>	
23c. DATE SIGNED <u>3-9-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-10-1955</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Little prairie</u>		24d. LOCATION (City, town, or county) (State) <u>Caruthersville Mo.</u>	
DATE REC'D BY LOCAL REG. <u>March 12, 1955</u>		REGISTRAR'S SIGNATURE <u>Jesse B. Wick</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>La. Foye</u>		ADDRESS <u>Wick Co. Caruthersville Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

3-80-55

MAR 18 1955

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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 *Noel C. Dean*.....

Licensed Embalmer No. *39*

P. O. Address *Caruthersville*

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.