

FILED JUN 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17680

State File No. _____
Registrar's No. 28720

| | | | | | | | | | |
|--|--|---|---|---|---|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>V</u> | | PRIMARY REG. DIST. NO. <u>504</u> | | Registrar's No. 28720 | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Barry</u> | | | | 2. USUAL RESIDENCE (Where deceased/lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural (Flatcreek)</u>) | | c. LENGTH OF STAY (In this place) <u>1 wk</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Butterfield</u> | | d. STREET ADDRESS (If rural, give location) <u>0</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | | d. STREET ADDRESS (If rural, give location) | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> | | | b. (Middle) <u>WESLEY</u> | | c. (Last) <u>PRIER</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 4, 1955</u> | | |
| 5. SEX <u>male</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | | 8. DATE OF BIRTH <u>April 7, 1873</u> | | 9. AGE (In years last birthday) <u>82</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 12 HRS. Hours _____ Mins. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u> | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>George Prier</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Mary Jane Freeze</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Mirniva C. Prier</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) | | | 16. SOCIAL SECURITY NO. <u>no</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Oacar Prier-Purdy, Missouri</u> | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>instant</u> | |
| | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> | | | | | | | |
| | | ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) <u>4201</u> | | | | | | | |
| | | 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 | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>18</u> , to _____, 19____, that I last saw the deceased <u>live on June 4, 1955</u> , and that death occurred at <u>2:30 P</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Paul D. Herbert, coroner</u> | | | 23b. ADDRESS <u>Cassville, Missouri</u> | | | 23c. DATE SIGNED <u>6-9-1955</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>6-8-1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt Pleasant Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Butterfield, Missouri</u> | | | |
| DATE REC'D BY LOCAL REG. <u>6-17-55</u> | | REGISTRAR'S SIGNATURE <u>Mary McDonald, deputy</u> | | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul D. Herbert</u> | | ADDRESS <u>Cassville, Mo</u> | | |

(Licensed Embalmer's Statement on Reverse Side)

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 655-269

DATE REC. 6-18-55

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 Paul D. Hubert

Licensed Embalmer No. 4576

P. O. Address Cassville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.