

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19455**

FILED JUL 1 - 1955

BIRTH NO. _____		REG. DIST. NO. <u>207</u>		PRIMARY REG. DIST. NO. <u>5764</u>		Registrar's No. <u>20</u>	
1. PLACE OF DEATH a. COUNTY MARION				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Warren Township		c. LENGTH OF STAY (in this place) 27 yrs.		c. CITY OR TOWN WARREN TOWNSHIP		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION MONROE CITY				e. STREET ADDRESS (If rural, give location) Monroe City			
3. NAME OF DECEASED (Type or Print) a. (First) JAMES			b. (Middle) E		c. (Last) PROSE		4. DATE OF DEATH (Month) (Day) (Year) June 4 1955
5. SEX Male	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH MAY 12 1882		9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 20 Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (RET)			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Tazewell Co. Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Thomas Jefferson Prose			13b. MOTHER'S MAIDEN NAME Sarah Hays		14. NAME OF HUSBAND OR WIFE ENNISEE Prose		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mr. E. Prose ADDRESS Monroe City, Mo.			
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease, ?surgical						INTERVAL BETWEEN ONSET AND DEATH
	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. Asthma						2 year.
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					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 Dec 7 1955 to June 1 1955 , that I last saw the deceased alive on May 23 1955 , and that death occurred at 7 1/2 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Charles C. Johnson (Degree or title) M.D.				23b. ADDRESS 211 No. Main - Monroe City, Mo.		23c. DATE SIGNED 6-3-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6-5-55	24c. NAME OF CEMETERY OR CREMATORY EATON Cemetery		24d. LOCATION (City, town, or county) (State) Unionville Iowa		
DATE REC'D BY LOCAL REG. 6/4/55		REGISTRAR'S SIGNATURE Mr. E. Prose by Diana Lee			25. FUNERAL DIRECTOR'S SIGNATURE WILSON & Sons ADDRESS Monroe City, Mo.		

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

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