

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34184

State File No. _____

FILED NOV 7 - 1956

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4575

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 30 yrs		e. STREET ADDRESS (If rural, give location) 3016 East 20th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2			

3. NAME OF DECEASED (Type or Print) a. (First) Highland b. (Middle) _____ c. (Last) Pryor			4. DATE OF DEATH (Month) (Day) (Year) 10 18 1956		
5. SEX 1 Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 14-1902		9. AGE (In years last birthday) 54 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter		10b. KIND OF BUSINESS OR INDUSTRY Kansas City Club	11. BIRTHPLACE (City and State or Foreign Country) Oklahoma		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Shephard Pryor		13b. MOTHER'S MAIDEN NAME Rebecca Barge		14. NAME OF HUSBAND OR WIFE Idella Pryor	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) No		16. SOCIAL SECURITY NO. 495-09-0869		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Idella Pryor 539 Freeman k.c.k.	

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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Primary bronchogenic carcinoma of right lung with local metastasis & obstruction of the superior vena cava.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				16 1/2	
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 checked="" 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) (Min.)		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 9-4-56, 19 , to 10-18-56, 19 , that I last saw the deceased alive on 10-18-56, 19 , and that death occurred at 12:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE N.R. Peterson M.D.		23b. ADDRESS 600 E. 22nd St.		23c. DATE SIGNED 10-19-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10-22-56		24c. NAME OF CEMETERY OR CREMATORY Westlawn Cemetery	
24d. LOCATION (City, town, or county) (State) Kansas City Kansas		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Nathan W. Thatcher K.C.K.			
DATE REC'D BY LOCAL REG. 10-22-56		REGISTRAR'S SIGNATURE Neva Marshall			

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

7th - 6789

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 *Clifford L Woods*
Licensed Embalmer No. *3100*

P. O. Address *1520 N. 7th*

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.