

FILED JAN 22 1957

THE DIVISION OF HEALTH OF THE STATE OF NEBRASKA  
STANDARD CERTIFICATE OF DEATH

State File No. 1433

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>69</u>		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>NEBRASKA</u> b. COUNTY <u>Douglas</u>				
b. CITY OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>4 hrs. 45'</u>		c. CITY OR TOWN <u>OMAHA</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>3508 Purdette. 8269</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>LLOYD</u> b. (Middle) <u>L.</u> c. (Last) <u>PRYOR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 4 - 57</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>10-4-30</u>		
9. AGE (to year last birthday) <u>26</u>		10. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) <u>Mailman</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Omaha, Nebraska</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Advertising Agency</u>		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME <u>William A. Pryor</u>			13b. MOTHER'S MAIDEN NAME <u>Ide Clay</u>			14. NAME OF HUSBAND OR WIFE <u>--</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>508-24-6537</u>		17. INFORMANT'S SIGNATURE OR NAME <u>William A. Pryor</u> ADDRESS <u>3508 Purdette Omaha,</u>				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral laceration and contusion</u> ANTECEDENT CAUSES <u>due to (b) auto accident</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>renal shutdown</u> Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Marceline Sion Missouri</u>		21d. HOW DID INJURY OCCUR? <u>truck + 2 auto accidents cars.</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12 31 56 9A</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I, hereby certify that I attended the deceased from <u>Jan 4, 1956</u> , to <u>Jan 4, 1957</u> , that I last saw the deceased alive on <u>Jan 4, 1956</u> , and that death occurred at <u>10:45 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Chas. Thomas, Jr. M.D.</u> (Degree or title)			23b. ADDRESS <u>315 Nichols Road K City</u>			23c. DATE SIGNED <u>Jan 5 1957</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Reburied</u>		24b. DATE <u>1/5/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Lawn</u>		24d. LOCATION (City, town, or county) (State) <u>Omaha, Nebraska</u>		
DATE REC'D BY LOCAL REG. <u>1-6-57</u>		REGISTRAR'S SIGNATURE <u>newton minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Blair, Jr. For Hon. 18th &amp; 18th</u> ADDRESS <u>Blair</u>				

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

1-31-50

201-315-0

**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 *Bruce R. Wollmer*.....

Licensed Embalmer No. *450*.....

P. O. Address *18th & B*.....

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.