

S. No. 300  
V. 10.48

FILED MAR 22 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8479  
State File No. \_\_\_\_\_

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

BIRTH NO. _____		REG. DIST. NO. <u>140</u>		PRIMARY REG. DIST. NO. <u>3024</u>		Registrar's No. <u>27</u>	
1. PLACE OF DEATH a. COUNTY <u>Howard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette</u>			c. LENGTH OF STAY (In this place) <u>approx 30 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural Cockrell</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lee Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>near Hamden</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joel</u> b. (Middle) <u>Thomas</u> c. (Last) <u>Prather</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 28, 1957</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>Oct. 24, 1870</u>	
				9. AGE (In years last birthday) <u>86 yrs</u>		IF UNDER 1 YEAR: Months _____ Days _____	
				IF UNDER 1 WKS: Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired rural mail</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Carrier: U.S. Mail</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>James Joseph Prather</u>			13b. MOTHER'S MAIDEN NAME <u>Amanda Callison</u>		14. NAME OF HUSBAND OR WIFE <u>Prather</u> <u>Effie Margaret Smith</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alvin Prather</u> <u>Salisbury, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute pyelonephritis</u> DUE TO (c) _____  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Transcervical fracture left hip</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>2 weeks</u> <u>5 weeks</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>9030</u> <u>20</u>					20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> NO
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>045</u> (COUNTY) (STATE) <u>Fayette</u> <u>Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fall on floor</u>			
22. I hereby certify that I attended the deceased from <u>Nov 1, 1954, to Feb 28, 1957</u> , that I last saw the deceased alive on <u>Feb 27, 1957</u> , and that death occurred at <u>5:00 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Mary K. Shell</u>				23b. ADDRESS <u>Fayette, Mo</u>		23c. DATE SIGNED <u>3-14-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>3/3/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Musselfork Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Musselfork, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3/14/57</u>		REGISTRAR'S SIGNATURE <u>Mary K. Shell</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Chas B Winkelmeyer, Salisbury, Mo</u>			

436

(Licensed Embalmer's Statement on Reverse Side)

APR 15 1957

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

*Chas B. Weinberger*

Licensed Embalmer No. *3842*

P. O. Address *Salisbury, Ma*

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