Dept. Health, Ed., & Welfare
U. S. Public Health Service

V. S. 300
Rev. 1-57

THE DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 44794

FILED DEC 30 1957

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 613

1. PLACE OF DEATH a. COUNTY JASPER	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) JOPLIN — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN JOPLIN — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 731 MURPHY AVE. — Length of stay in 1b ALWAYS	d. STREET ADDRESS (If outside, give location) 731 MURPHY AVE. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First	Middle	Last	4. DATE OF DEATH Month	Day	Year
ARRILLIA	IMOGENE	PRATHER	DEC.	14,	1957

5. SEX	6. COLOR OR RACE	7. MARITAL STATUS	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	APRIL 4, 1917	40				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	OWN HOME	JOPLIN, MO.	U.S.A.

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
JOHN R. DANNER	FRANCES CRAGER	EARL D. PRATHER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Address
NO		EARL D. PRATHER, 731 MURPHY AVENUE

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Ca of Stomach met

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Metastasis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 151X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Nov 15 to Dec 14 57 and last saw her/him alive on Dec 14-57. Death occurred at Dec 14-57 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A L Crawford (Degree or title) MD

22b. ADDRESS Joplin Mo

22c. DATE SIGNED 12/16/57

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE 12-17-57

23c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK,

23d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI

24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.

25. DATE RECD. BY LOCAL REG. 12-19-57

26. REGISTRAR'S SIGNATURE Dove Merriam

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Securing the medical certification in the specific manner required by 193.140 RSMo 1949.

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Jasper County Health Office
County File Number 57-12-1023
Date Filed DEC 26 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 .....
Signature of Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 2318

P. O. Address Joplin Mo

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.