

death, health, welfare, public services, 000 -56, All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Accidents, injuries, etc. must be casually related. Coroner cannot certify to a death due to natural causes. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1953

STATE FILE NUMBER

FILED FEB 13 1958

Registration District No. 174 Primary Registration District No. 3.035 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Lexington</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Lexington</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>(Home) Rock Creek</u>			Length of stay in 1b <u>40 yr.</u>		d. STREET ADDRESS (If outside, give location) <u>Rock St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>JESSE</u> Middle <u>V.</u> Last <u>PRATHER</u>				4. DATE OF DEATH Month <u>January</u> Day <u>26</u> Year <u>1958</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>October 6, 1885</u>		9. AGE (In years last birthday) <u>74</u> IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> IF UNDER 24 HRS. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during usual occupation, or if retired) <u>Farmer & Miner</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>		11. BIRTHPLACE (City and state or country) <u>Bethany, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>Tom Prather</u>				14. MOTHER'S MAIDEN NAME <u>Unknown</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yrs, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>87-12-8759</u>		17. INFORMANT Address <u>Mrs. Ed Shaffer Lexington, Mo.</u>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Embolism</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Death was due to natural causes</u> <u>He died suddenly sitting in his chair</u> DUE TO (c) <u>while reading a paper</u> <u>4201</u>							INTERVAL BETWEEN ONSET AND DEATH		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>This man had been short breath several months</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour <u> </u> Month, Day, Year a. m. <u> </u> p. m. <u> </u>									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u> </u> to <u> </u> and last saw him <u> </u> on <u> </u> Death occurred at <u>10:10 P m</u> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>M. Martin</u>				22b. ADDRESS <u>O dessa Ave</u>		22c. DATE SIGNED <u>1-28-58</u>			
23a. BURIAL, CREMATION, or other disposal (Specify) <u>Burial</u>		23b. DATE <u>Jan. 29, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Machpelah Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Lexington, Mo.</u>				
24. FUNERAL DIRECTOR <u>Harold L. Walker Lexington, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>2-1-58</u>		26. REGISTRAR'S SIGNATURE <u> </u>				

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FEB 14 1958

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 *Harold P. Walker*

Licensed Embalmer No. *45*

P. O. Address *Lexington*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.