

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017715
State File No.

FILED JUN 11 1958

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018 Registrar's No. 49

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

1. PLACE OF DEATH a. COUNTY <u>Dent</u> b. CITY (If outside corporate limits, write RURAL and give town or township) OR TOWN <u>Salem</u> c. LENGTH OF STAY (in this place) <u>3 wks</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Knox Nursing Home</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Shannon</u> c. CITY OR TOWN <u>Timber</u> <u>1010</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>State Hwy 19 30 mi So Salem</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROS ETTA</u> b. (Middle) <u>RAY</u> c. (Last) <u>PRATER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 5 1958</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>2 March 27 1869</u>
9. AGE (In years last birthday) <u>89</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Phelps County, Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Nelson Ray</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Bell</u>	14. NAME OF HUSBAND OR WIFE <u>Dave Lee Prater (Dec'd)</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ruby Moallankamp</u>
15. ADDRESS <u>Columbia, Ill.</u>		17. ADDRESS <u>Columbia, Ill.</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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-Vascular Disease.</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Atherosclerosis</u>	
DUE TO (c) _____		<u>Months</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Debility - refused nourishment.</u>		DUE TO (c) _____	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" 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) <u>4221</u>	_____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 <u>Jan</u> , 1958, to <u>May 28</u> , 1958, that I last saw the deceased alive on <u>May 28</u> , 1958, and that death occurred at <u>6:30 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (If degree or title) <u>Joseph R. Burnett M.D.</u>		23b. ADDRESS <u>2021 S. 2nd St. Salem, Mo.</u>	23c. DATE SIGNED <u>6-6-58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 8 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Chrisco Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Shannon County, Mo.</u>
DATE REC'D BY LOCAL REG. <u>6/19/58</u>	REGISTRAR'S SIGNATURE <u>M. M. Hart, M. D. L. P. M.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Max A. Wray</u>	
25. ADDRESS <u>Salem, Mo.</u>		_____	

JUN 12 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 Max L. Waibel

Licensed Embalmer No. 4170

P. O. Address Salem, Va

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.