

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038571

STATE FILE NUMBER

FILED NOV 12 1958

Registration District No. 328 Primary Registration District No. 4485 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death (mission)) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Farmfelt</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Farmfelt</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>at home</u>		Length of stay in lb <u>50 yrs.</u>	d. STREET ADDRESS (If outside, give location) <u></u>
3. NAME OF DECEASED (Type or print) First <u>ALICE</u> Middle <u>IDA MAY</u> Last <u>PRYOR</u>			4. DATE OF DEATH Month <u>Nov</u> Day <u>3</u> Year <u>1958</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Mar 26, 1869</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, then if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (City and state or country) <u>Massac County, Ill.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Alvin Hawkins</u>	
13b. MOTHER'S MAIDEN NAME <u>Doris Know</u>		13c. NAME OF HUSBAND OR WIFE <u>James H. Pryor</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 <u>Mrs. Raymond Moore</u> Address <u>Shelbyville, Indiana</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>Cardiac failure</u> DUE TO (b) <u>Embolic infarction</u> DUE TO (c) <u>Hypertension</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>454X</u>			INTERVAL BETWEEN ONSET AND DEATH
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 Month, Day, Year a.m. p.m.		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 from <u>Oct 30, 1958</u> to <u>Nov 3, 58</u> and last saw her alive on <u>11-3-58</u> Death occurred at <u>8 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>Lt. Howell D. O. 2</u>		22b. ADDRESS <u>Farmfelt, Missouri</u>	
22c. DATE SIGNED <u>11-4-58</u>		23a. LOCATION (City, town, or county) (State) <u>Capri Garden, Mo</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>11-5-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Fairmont Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Capri Garden, Mo</u>
24. FUNERAL DIRECTOR <u>Buehlinghoff, J. None</u>		25. DATE RECD. BY LOCAL REG. <u>11-6-1958</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Fred Buehlinghoff</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All changes in Part I must be causally related.

300
1-57

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 *Olliver Casner*

Licensed Embalmer No. *447*

P. O. Address *Illmo*

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.