

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008075

STATE FILE NUMBER

FILED MAR 2 1959

Registration District No. 326

Primary Registration District No. 44825

Registrar's No. 13

300
1-57

1. PLACE OF DEATH a. COUNTY Scotland		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Scotland	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Memphis		c. CITY OR TOWN Memphis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb 40 yrs.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Fred First Lewman Middle Prather Last			4. DATE OF DEATH Feb. 21 1959 Month Feb. Day 21 Year 1959		
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5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 19, 1908	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months 0 Days 9	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give most of working life, even if retired) watch repairing	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Memphis	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Charles A Prather	13b. MOTHER'S MAIDEN NAME Maude Lough	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO.	17. INFORMANT Harold Prather Address Memphis Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 5 min.
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Conditions, if any, which gave rise to above cause (a), storing the underlying cause last.	DUE TO (b) coronary artery disease	3 year
	DUE TO (c) 4201A	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pulmonary tuberculosis, bronchial asthma, congestive heart failure		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.)
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20c. TIME OF INJURY Hour 4:30 p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from June 14, 1946 to Feb. 21, 1959 and last saw him alive on Feb. 19, 1959 Death occurred at 7:30 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE E. E. Hillman (Degree or title) M.D.	22b. ADDRESS Memphis, Mo.	22c. DATE SIGNED 2/24/59
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23a. BURIAL, CREMATION, etc. (Specify) burial	23b. DATE 2-23-1959	23c. NAME OF CEMETERY OR CREMATORY Memphis	23d. LOCATION (City, town, or county) Memphis (State) Mo.
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24. FUNERAL DIRECTOR Wm. J. ... ADDRESS Memphis Mo.	25. DATE RECD. BY LOCAL REG. 2-25-59	26. REGISTRAR'S SIGNATURE Wm. G. Turner
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *Neal Payne*

Licensed Embalmer No. *1550*

P. O. Address *Memphis, Tenn*

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.