

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-188614
STATE FILE NUMBER

FILED MAY 20 1959 Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY Perry			2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Missouri b. COUNTY Perry		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Perryville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Perryville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION P.C. Mem. Hosp.		Length of stay in lb Life	d. STREET ADDRESS (If outside, give location) 101 S. Main St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Theresa Middle Prost Last Prost			4. DATE OF DEATH Month May Day 1 Year 1959		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Apr 25, 1867	9. AGE (In years last birthday) 92	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Perry County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Frederic Kirm		13b. MOTHER'S MAIDEN NAME Louise Ponder		14. NAME OF HUSBAND OR WIFE Cyril Prost	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None	17. INFORMANT Anna Prost Address Perryville, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral thrombosis DUE TO (b) Cerebral arteriosclerosis DUE TO (c) 332XF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Recent fracture of left hip requiring bed rest.					INTERVAL BETWEEN ONSET AND DEATH 2 days years
20a. ACCIDENT <input checked="" 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.) Patient tripped on a rug at home, falling and brea			
20c. TIME OF INJURY Hour 7 .Month 4 .Day 17 .Year 1959 g.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or out home, farm, factory, street, office bldg., etc.) Home	
20f. CITY, TOWN, OR LOCATION Perryville		COUNTY Perry		STATE Mo.	
21. I attended the deceased from 4/17/59 to 5/1/59 and last saw her alive on 5/1/59 Death occurred at 123 pm 5/1/59 m of the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) A. E. McDermott, M.D.			22b. ADDRESS Perryville, Mo.		22c. DATE SIGNED 5/2/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 4, 1959	23c. NAME OF CEMETERY OR CREMATORY St. Boniface Cemetery		23d. LOCATION (City, town, or county) (State) Perryville Missouri
24. FUNERAL DIRECTOR Young & Sons		ADDRESS Perryville, Mo		25. DATE RECD. BY LOCAL REG. 5/4/59	26. REGISTRAR'S SIGNATURE Jose J. Zallner

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

2560

MAY 8 0 8 AM '59

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 *Wallace Young*

Licensed Embalmer No. *4027*

P. O. Address *Perrysville*

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.