

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-003068

FILED VS JAN 19 1960

Registration District No. 316 Primary Registration District No. _____ Registrar's No. 2 STATE FILE NUMBER

IDED

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN R.F.D. #1 Elvins		Length of stay in lb 65 Years	c. CITY OR TOWN RFD # 1 Elvins Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) At Home Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Firman (none) Prather	4. DATE OF DEATH Month Day Year Jan. 2nd. 1960
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Mar. 2nd. 1894 - 65	9. AGE (last birthday)	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lead Miner	10b. KIND OF BUSINESS OR INDUSTRY Mining	11. BIRTHPLACE (City, and state or country) St. Francois Co. Mo	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME William H. Prather	13b. MOTHER'S MAIDEN NAME Ann Williams	14. NAME OF HUSBAND OR WIFE Mamie Lawson Prather
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (if yes, give war or dates of service) No Nil	16. SOCIAL SECURITY NO. 490 03 2724	17. INFORMANT Address Mrs. Mamie Prather, Elvins Rt. 1
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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) Acute Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) _____	INTERVAL BETWEEN ONSET AND DEATH 4h
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 Month, Day, Year 9 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
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21. I attended the deceased from Jan 2 60 to Jan 2-60 and last saw him alive on Jan 2-60 Death occurred at 9 P on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) C. H. Appleberry M.D.	22b. ADDRESS River Mines MO	22c. DATE SIGNED 1-4-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/5/1960	23c. NAME OF CEMETERY OR CREMATORY Adams Cemetery	23d. LOCATION (City, town, or county) (State) Franklay, Mo
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24. FUNERAL DIRECTOR ADDRESS C.Z. Boyer & Son, Inc	25. DATE RECD. BY LOCAL REG. Jan 4, 1960	26. REGISTRAR'S SIGNATURE Ether Rudloff
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 2

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bert L. Boyer

Licensed Embalmer No. 3441

P. O. Address Leadwood

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