

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013464
STATE FILE NUMBER

FILED VS. MAR 30 1960 317

Registration District No. 317 Primary Registration District No. 581 Registrar's No. 718

DED

1. PLACE OF DEATH a. COUNTY St. Louis.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri. b. COUNTY Chariton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN University City, Mo.		Length of stay in 1b 4 mo.	c. CITY OR TOWN Brunswick Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6600 Washington, Blvd.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First James Middle C. Last Prather			4. DATE OF DEATH Month February Day 29 Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 9/6/1881	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Keytesville, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Marcellus Prather		13b. MOTHER'S MAIDEN NAME Frances Worden		14. NAME OF HUSBAND OR WIFE Rebecca		

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. 191-20-9758	17. INFORMANT Juanita Munzert, 5645 Curry	Address
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) ACUTE BRONCHOPNEUMONIA		5 DAYS
DUE TO (b) GENERALIZED ARTERIO SCLEROSIS		Yrs.
DUE TO (c)		
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

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.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year		
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 OCT. 1959 to FEB. 29, 1960 and last saw ^{them}him alive on 2/29/60
Death occurred at 10:00 P. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE William A. Brown, M.D. (Degree or title)	22b. ADDRESS 3720 WASHINGTON, ST. LOUIS MO.	22c. DATE SIGNED 3/2/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3-3-60	23c. NAME OF CEMETERY OR CREMATORY Elliott Grove Cemetery
24. FUNERAL DIRECTOR Albert H. Hoppe Inc., 4700 Washington, Blvd.	25. DATE RECD. BY LOCAL REG. 3-2-60	26. REGISTRAR'S SIGNATURE John B. Murphy M.D.

23d. LOCATION (City, town, or county) (State)
Brunswick, Mo.

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

SEP 27 1980

STATEMENT BY LICENSED EMBALMER APR 1 1980

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

Student _____
Signature of Student Embalmer

Signed Robert M. Murray

Licensed Embalmer No. 37496

P. O. Address St Louis

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.

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