SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-013236
STATE FILE NUMBER

AMENDED

Registration District No. 116 Primary Registration District No. 5433 Registrar's No. 120

FILED MAY 15 1961

1. PLACE OF DEATH
a. COUNTY: FRANKLIN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: UNION
Length of stay in 1b:
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): AT HOME
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI
b. COUNTY: FRANKLIN
c. CITY OR TOWN: BEAUFORT
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): R R 1
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First GEORGE Middle CLIFFORD Last PRATER
4. DATE OF DEATH: Month MAY Day 8 Year 1961
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: JAN. 9 1884
9. AGE (last birthday): 77
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PLASTER
10b. KIND OF BUSINESS OR INDUSTRY: PLASTER
11. BIRTHPLACE (City and state or country): NASHVILLE TENN.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: UNKNOWN
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: ANNA BELL PRATER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: ANNA BELL PRATER Address: BEAUFORT, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebrovascular Accident
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral Arteriosclerosis
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Generalized Arteriosclerosis
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 10-3-60, to 5/8/61 and last saw her/him alive on 4/27/61
Death occurred at 4:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: James L. Shea (Degree or title) M.D.
22b. ADDRESS: Gerald Mo
22c. DATE SIGNED: 5/10/61
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: MAY 10 1961
23c. NAME OF CEMETERY OR CREMATORY: ST. PAUL
23d. LOCATION (City, town, or county) (State): GERALD, FRANKLIN, MO
24. FUNERAL DIRECTOR: OLTMANN FUNERAL HOME UNION, MO.
ADDRESS
25. DATE RECD. BY LOCAL REG.: 5/10/61
26. REGISTRAR'S SIGNATURE: Leola C. Heilmann

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
INSTEAD OF
DOCUMENT
SHOULD READ
BY AFFIDAVIT OF
ITEM NO.

MAY 23 1961

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 Ernest R. Oltmann

Licensed Embalmer No. 4054

P. O. Address Union Mo

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.