ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ARTMENT OF PUBLIC HEALTH AND WELFARE

-61-013583
STATE FILE NUMBER

AMENDED

FILED APR 20 1961

Registration District No. 045 Primary Registration District No. 5566 Registrar's No. 43

1. PLACE OF DEATH
a. COUNTY: Iron
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Iron
Length of stay in 1b: 21 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 1 mi. SW of Graniteville
Inside Limits: Yes ☐ No #

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St.Francois
c. CITY OR TOWN: Iron
Inside Limits: Yes ☐ No #
d. STREET ADDRESS (If outside, give location): 1 mi. S. of Middlebrook
Reside on Farm: Yes # ☐ No ☐

3. NAME OF DECEASED (Type or print): First MARY Middle LUCY Last PRYOR
4. DATE OF DEATH: Month Apr. Day 9 Year 1961
5. SEX: fem
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed # Divorced ☐
8. DATE OF BIRTH: Feb. 26 1877
9. AGE (last birthday): 84
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): at Home
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (City and state or country): Washington Co. Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Francis M. Anderson
13b. MOTHER'S MAIDEN NAME: Elizabeth Crocker
14. NAME OF HUSBAND OR WIFE: Marion Eugene Pryor
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.: no
17. INFORMANT: George Pippin, Address: Ironton, 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): Circulatory Failure — INTERVAL BETWEEN ONSET AND DEATH: Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Decompensated Acute Corpulmonale — Days
DUE TO (c): Lobar Pneumonia — Days
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. ☐ 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 March 30,1961, to April 7,1961 and last saw her alive on April 7,1961
Death occurred at 4.45 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): M. M. Beck D.O.
22b. ADDRESS: Bismarck,Missouri
22c. DATE SIGNED: 4-11-61
23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 4-11-61
23c. NAME OF CEMETERY OR CREMATORY: Nelson Cemetery
23d. LOCATION (City, town, or county) (State): Belleview Mo.
24. FUNERAL DIRECTOR: Lucel White ADDRESS: White Funeral Home, Ironton Mo.
25. DATE RECD. BY LOCAL REG.: April 14-1961
26. REGISTRAR'S SIGNATURE: Mrs Elizabeth Logan

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 Ancel J. White

Licensed Embalmer No. 3012

P. O. Address Ironton 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.