MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 123 61-024892 STATE FILE NUMBER

AMENDED

FILED JUL 31 1961

1. PLACE OF DEATH a. COUNTY Grundy

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Grundy

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton — Length of stay in 1b 30 days

c. CITY OR TOWN Brimson — Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1513 Chestnut — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) None — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Albert Middle E. Last Prouorse

4. DATE OF DEATH Month July Day 25 Year 1961

5. SEX Male

6. COLOR OR RACE white

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH July 2, 1874

9. AGE (last birthday) 87

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) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Agriculture

11. BIRTHPLACE (City and state or country) Davies Co. Mo.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Amalda Prouorse

13b. MOTHER'S MAIDEN NAME Mary Ellen Gott

14. NAME OF HUSBAND OR WIFE Ida R Prouorse (dec)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) None

17. INFORMANT Mable Bulyar Address Brimson 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) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) General Arteriosclerosis — years

DUE TO (c) Chronic Nephritis — years

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

MEDICAL CERTIFICATION

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 9-6-1960 to 7-25-61 and last saw ~~her~~ him alive on July-15-61

Death occurred at 1:45 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M A Brown MD

22b. ADDRESS Trenton Mo

22c. DATE SIGNED 7-26-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 7/27/61

23c. NAME OF CEMETERY OR CREMATORY Willis Chapel

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

24. FUNERAL DIRECTOR J. Gordon Blackmon ADDRESS Trenton, Mo.

25. DATE RECD. BY LOCAL REG. 7/27/61

26. REGISTRAR'S SIGNATURE Irene Fair

(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

JUL 31 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_____ Signed Claude H Crandall

Signature of Student Embalmer

Licensed Embalmer No. 4986

P. O. Address Trenton, 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.