

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041214

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5380 STATE FILE NUMBER

AMENDED

DATE AMENDED
11-5-61

INSTEAD OF
2 months

ITEM NO. SHOULD READ
1b 2 days

Jackson, Kansas City, 3956 Wyandotte 11-3-61
Worth, Mo., Parnell

DOCUMENT
BY AFFIDAVIT OF Funeral Home
Layton by Medical Certificate Miller

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE MISSOURI b. COUNTY Worth	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY Length of stay in 12 months 2 MONTHS		c. CITY OR TOWN KANSAS CITY Parnell Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) RESEARCH HOSPITAL HOSPITAL OR INSTITUTION		d. STREET ADDRESS 3956 WYANDOTTE (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last RENA MAY PRATHER			4. DATE OF DEATH Month Day Year OCTOBER 27th 1961
5. SEX FEMALE	6. COLOR OR RACE CAUCASIAN	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-26-82
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC	9. AGE (last birthday) 79 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
11. BIRTHPLACE (City and state or country) GILMAN CITY MISSOURI U.S.A.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME THOMAS CUTSHALL		13b. MOTHER'S MAIDEN NAME ADELINE BENEDICK	
14. NAME OF HUSBAND OR WIFE JOSEPH PRATHER		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE	
16. SOCIAL SECURITY NO. MISS		17. INFORMANT HAZEL PRATHER 3956 WYANDOTTE STREET K.C.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) Supernatural maintenance artery Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Coronary artery sclerotic heart disease 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 36 wks			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 a.m. 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 <u>4-8-52</u> to <u>10-27-61</u> and last saw ^{her} alive on <u>10-27-61</u> Death occurred at <u>6:30 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Ina Clayton M.D. by Martin F. Muller, M.D.		22b. ADDRESS 535 Angyle Bldg K.C.MO	22c. DATE SIGNED 10-28-61
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE OCT. 30, '61	23c. NAME OF CEMETERY OR CREMATOR FOREST HILL CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR ADDRESS W. Newcomer's Sons Kansas City Mo		25. DATE RECD. BY LOCAL REG. 10-28-61	26. REGISTRAR'S SIGNATURE Ruth Long

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 Louis Quest

Licensed Embalmer No. 4096

P. O. Address K. O. M.

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.