

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-017872

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 152

FILED MAY 21 1962

VS 300
Rev. 4/59

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20980

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK
OR
TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Schuyler</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kirkville</u>		Length of stay in lb <u>3 1/2 wks</u>	c. CITY OR TOWN <u>Queen City</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>K & H Hospital</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>7 mi. S.E. of town</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>William Leslie Prough</u>		4. DATE OF DEATH Month Day Year <u>May 14 '62</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>8-6-1896</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	9. AGE (last birthday) <u>65</u>
13a. FATHER'S NAME <u>William Jefferson Prough</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Pauline Ambrose</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <u>No</u>		16. SOCIAL SECURITY NO. <u>33</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>myocardial infarction</u> <u>Chronic ischemia</u> <u>Obstructive nephropathy</u>		17. INFORMANT <u>Arley A. Prough</u> Address <u>Queen City</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <u>Pyelonephritis - chronic; left tibial fracture</u>		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 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 <u>Queen City</u> COUNTY <u>Mo</u> STATE <u>Mo</u>	
21. I attended the deceased from <u>5/8/62</u> to <u>5/14/62</u> and last saw him alive on <u>5/14/62</u> Death occurred at <u>9:04 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Ms. Leeds, MD</u> (Degree or title)		22b. ADDRESS <u>800 W. Jefferson St. Kirkville Mo</u>	
22c. DATE SIGNED <u>5/14/62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>May 17 - '62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Queen City Cemetery</u>	
24. FUNERAL DIRECTOR <u>Dooley Funeral Home</u> ADDRESS <u>Queen City</u>		23d. LOCATION (City, town, or county) <u>Queen City Mo</u>	
25. DATE RECD. BY LOCAL REG. <u>5-15-1962</u>		26. REGISTRAR'S SIGNATURE <u>Doris W. Gatliff</u>	

Permit renewed May 14, 1962

M. LESKO, D.O.

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 *Mark Woods*

Licensed Embalmer No. 4619

P. O. Address Queen City 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.