MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-035517
STATE FILE NUMBER

Registration District No. 236 Primary Registration District No. 4352 Registrar's No. 63

FILED OCT 3 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1	710
2	1140
3	
4	0
5	1
6	
7	0
8	2
9	287X
10	
11	
12	86-0
13	2-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Wright
c. CITY OR TOWN: Mt. Grove — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First John Middle Nealy Last Pryor

4. DATE OF DEATH: Month September Day 30 Year 1962

5. SEX: Male
6. COLOR OR RACE: Cau
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9/9/84
9. AGE (last birthday): 78 — 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): Retired
10b. KIND OF BUSINESS OR INDUSTRY: unknown
11. BIRTHPLACE (City and state or country): Wright County
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: William C. Pryor
13b. MOTHER'S MAIDEN NAME: Eliza Casey
14. NAME OF HUSBAND OR WIFE: Emma Pryor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Same
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT: Emma Pryor — Address: Tuscumbia, Missouri

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): 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): Massive Obesity — years
DUE TO (c):
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 Sept. 15, 1962, to Present and last saw ~~her~~ him alive on Sept. 30, 1962
Death occurred at 9:05 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Ruth Kaufman, M.D.
22b. ADDRESS: Versailles, Mo.
22c. DATE SIGNED: Oct. 1962

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Oct. 3, 1962
23c. NAME OF CEMETERY OR CREMATORY: Shaddy
23d. LOCATION (City, town, or county) (State): Grove Springs Missouri

24. FUNERAL DIRECTOR — ADDRESS: Phillips Funeral Home, Eldon, Mo
25. DATE RECD. BY LOCAL REG.: 10-1-62
26. REGISTRAR'S SIGNATURE: J L Washb

(Licensed Embalmer's Statement on Reverse Side)

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 Don E. Phillips

Signature of Student Embalmer

Licensed Embalmer No. 5108

P. O. Address Elelen

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.