S. No. 300
DM—10-47
ev. 5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 10 1948
Registration District No. 278

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13635
Primary Registration District No. 3054
Registrar's No. 50

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Louisiana
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pike Co. Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community Lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pike 82
(c) City or town Louisiana 2
(If outside city or town limits, write "RURAL")
(d) Street No. 410½ Georgia Street 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME HENRY EDWARD PRIBE
3. (b) If veteran, name war ----
3. (c) Social Security No. 489-26-7875
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Sophia Pribe
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased Oct. (Month) 1 (Day) 1869 (Year)

8. AGE: Years 78 | Months 6 | Days 8 | If less than one day ____ hr. ____ min.

9. Birthplace Louisiana (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Nurseryman
11. Industry or business Nurseryman
FATHER
12. Name Henry Albert Pribe
13. Birthplace Penstermein (City, town, or county) Germany 4 (State or foreign country)
MOTHER
14. Maiden name Nancy Marzolf
15. Birthplace Pike Do. (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant Mary Elizabeth Pribe
(b) Address Chicago, Illinois
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/11/48 (Month) (Day) (Year)
(c) Place: burial or cremation Riverview Cem.
18. (a) Signature of funeral director Garner & Sterne
(b) Address Louisiana, Missouri
19. (a) 4/11/48 (Date received local registrar) (b) Bernice Collier (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9 year 1948 hour 7 minute 00 P. M.
21. I hereby certify that I attended the deceased from ____, 1947 to 4-9, 1948 that I last saw him alive on 4-9-, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure
Due to Hypertensive Cardiovascular Disease c̄ Acute
Due to left sided heart failure
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 9 3D
Of autopsy

Duration: yrs; 4 days

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature Chas H Lewellen (M. D. or other) 0
Address Louisiana, Mo. Date signed 4-10-48

(Licensed Embalmer's Statement on Reverse Side)

MAY 13 1949

MAY 13 1949

RECEIVED
District Health Officer No. 10
District File Number S-48-820
Date Filed MAY -6 1948

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 Virginia M. Steine, Registered Apprentice No. 491, working under my personal supervision.

Signed Harold V. Garner

Licensed Embalmer No. 3720

P. O. Address Louisiana 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 this body is not embalmed, fact should be so stated above.