

FILED MAR 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9694

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>3059</u>		Registrar's No. <u>76</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sonne Terre</u>		c. LENGTH OF STAY (In this place) <u>1</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Farmington</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED a. (First) <u>Edward</u> b. (Middle) <u>EL</u> c. (Last) <u>Presnell</u>			4. DATE OF DEATH (Month) <u>March</u> (Day) <u>6</u> (Year) <u>1949</u>				
5. SEX <u>male</u>		6. COLOR OR RACE <u>Widowed</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Nov 23 1917</u>	
9. AGE (In years, last birthday) <u>31</u>		10. MONTHS <u>3</u>		11. DAYS <u>13</u>		IF UNDER 1 YEAR Hours   Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>trimroot shoe factory</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Libertyville Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>				13a. FATHER'S NAME <u>Homer Presnell</u>		13b. MOTHER'S MAIDEN NAME <u>Sadie Wallace Presnell</u>	
14. NAME OF HUSBAND OR WIFE <u>none</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>498-24-1818</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Homer Presnell, Farmington, Mo.</u>				17. ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes Mellitus</u> INTERVAL BETWEEN ONSET AND DEATH. <u>8 years</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>— Unknown —</u> DUE TO (c) <u>76 yr</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arterial sclerosis - embolism</u> <u>24 years.</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Francois Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan. 22</u> , 19 <u>49</u> , to <u>Mar. 6</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Mar. 5</u> , 19 <u>49</u> and that death occurred at <u>2:15 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. Geo. B. Cleithorn, M.D.</u>				23b. ADDRESS <u>Farmington, Mo.</u>		23c. DATE SIGNED <u>3/8/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>3-8-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Libertyville</u>		24d. LOCATION (City, town, or county) (State) <u>near Farmington Mo</u>	
DATE REC'D BY LOCAL REG. <u>Mar 8, 1949</u>		REGISTRAR'S SIGNATURE <u>Ethel Rudolph</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C.H. COZEAN</u>		ADDRESS <u>Farmington, MO</u>	

Pick up

FILED

District Health Officer No. 4

District File Number 349-353

Date Filed 3-14-49

MAR 19 1949

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.

Signed.....

*A. H. Cozear*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4084

P. O. Address Farmington, 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.