

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 15469

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3900 Registrar's No. 124

1. PLACE OF DEATH a. COUNTY <i>Adair</i>			2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Scotland</i>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Kirkville</i>		c. LENGTH OF STAY (In this place) <i>13 days</i>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Lorin</i>		<i>0190</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Laughlin</i>			d. STREET ADDRESS (If rural, give location) <i>1</i>		
3. NAME OF DECEASED (Type or Print) <i>Benjamin E. Priebe</i>			a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) <i>May 7-1951</i>					
5. SEX <i>MO</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Dec 14-1878</i>	9. AGE (In years last birthday) <i>72</i>	10. UNDER 1 YEAR Months <i>4</i>
10a. USUAL OCCUPATION (Give kind of work one doing most of working life, even if retired) <i>Retired farmer</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Scotland Co MO</i>		12. CITIZEN OF WHAT COUNTRY? <i>US</i>	
13a. FATHER'S NAME <i>William Priebe</i>		13b. MOTHER'S MARRIED NAME <i>Dorothea Elias</i>		14. NAME OF HUSBAND OR WIFE <i>Leta H Priebe</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO. <i>No</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Leta H Priebe</i>			
17. ADDRESS <i>Lorin Mo</i>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <i>Apparently coronary occlusion while being prepared for prostatic surgery</i>		
			INTERVAL BETWEEN ONSET AND DEATH <i>7 hours</i>		
			II. OTHER SIGNIFICANT CONDITIONS <i>Prostatic hypertrophy, possibly malignant</i>		
19a. DATE OF OPERATION <i>none</i>	19b. MAJOR FINDINGS OF OPERATION <i>none</i>				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)		<i>177X</i>
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 <i>4-24-51</i> , 19 <i>51</i> , to <i>5-7-51</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>5-7-51</i> , 19 <i>51</i> , and that death occurred at <i>10:30 AM</i> from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <i>Neil Haugen Jr. D.O.</i>			23b. ADDRESS <i>Kirkville, Mo.</i>		23c. DATE SIGNED <i>5-11-51</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>May 11-51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Stna Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Scotland Co Mo</i>	
DATE REC'D BY LOCAL REG. <i>5-12-51</i>	REGISTRAR'S SIGNATURE <i>Hate Lambert</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Worth Perfect Memphis</i>		
			ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

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 WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: MAY 2 2 1951

DISTRICT HEALTH OFFICE #2

District File Number 5-51-965

Date Filed: MAY 2 2 1951

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
Student Embalmer

Signed

Fred Gorth

Licensed Embalmer No. 4256

P. O. Address *Murphers*

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.