

FILED DEC 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38351
Registrar's No. 275

0800

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

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>5932</u>		Registrar's No. <u>275</u>	
1. PLACE OF DEATH a. COUNTY <u>PETTIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>LAFAYETTE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL LA MONTE TWP.</u>		c. LENGTH OF STAY (in this place) <u>3 WKS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL FREEDOM TWP. 1</u>		0540	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 MI NORTH LA MONTE MO</u>				d. STREET ADDRESS (If rural, give location) <u>4 1/2 MI WEST CONCORDIA. MO</u>			
3. NAME OF DECEASED a. (First) <u>EMELIE</u> (Type or Print)			b. (Middle) _____		c. (Last) <u>PRAGMANN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 5 1951</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>		8. DATE OF BIRTH <u>DEC 31. 1872</u>		9. AGE (in years last birthday) <u>78</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE RETIRED</u>	10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>LAFAYETTE COUNTY, MISSOURI</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>JOHN WINTER</u>		13b. MOTHER'S MAIDEN NAME <u>CATHERINE STOCKMANN</u>		14. NAME OF HUSBAND OR WIFE <u>MARTIN PRAGMANN DECEASED</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS LENOARD MITCHELL</u> ADDRESS <u>CONCORDIA. MO</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Cerebral arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u> <u>Several yrs.</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					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) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
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>July 18 49</u> , to <u>Dec 5 1951</u> , that I last saw the deceased alive on <u>Dec 4 1951</u> , and that death occurred at <u>7:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____				23b. ADDRESS <u>Concordia, Mo.</u>		23c. DATE SIGNED <u>12/6/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>DEC 8. 1951</u>	24c. NAME OF CEMETERY OR CREMATORY. <u>BLACKBURN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>BLACKBURN. MO</u>		
DATE REC'D BY LOCAL REG. <u>12/8-1951</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Concordia, Mo.</u>			

251-0

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DEC 11 1901

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed DEC 11 1901

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 Ma

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed E. L. James

Licensed Embalmer No. 2058

P. O. Address Concordia, 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.