

No. 300
10.48

NOV 17 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37926

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 354

164
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CAPE GIRARDEAU</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>CAPE GIRARDEAU</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>LOTESVILLE</u>	
c. LENGTH OF STAY (in this place) <u>15 DYS</u>		d. STREET ADDRESS (If rural, give location) <u>RURAL ROUTE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>S.E. MO. Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM PHILLIP</u> b. (Middle) <u>PREHN</u> c. (Last) <u>PREHN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV-5-1952</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>NOV-11-1878</u>	9. AGE (In years last birthday) <u>73</u>	10. IF UNDER 1 YEAR Days <u>11</u> Hours <u>24</u> IF UNDER 24 Hrs. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ACCOUNTANT CLERK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>WABASH RR</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>WEBSTER GROVES, MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>HENRY PREHN</u>		13b. MOTHER'S MAIDEN NAME <u>MARY C. RANGERT</u>		14. NAME OF HUSBAND OR WIFE <u>LYDIA UPCHURCH PREHN</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>unk.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>WILLIAM H. PREHN</u> ADDRESS <u>MAPLEWOOD MO</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>18.1</u>		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Parkinson's Disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs +</u>	
2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, cerebral</u>		DUE TO (c) <u>Generalized Arteriosclerosis</u>			<u>5 yrs +</u>	
3. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>350X</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)		
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 Oct. 22, 1952, to Nov. 5, 1952, that I last saw the deceased alive on Nov. 5, 1952, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <u>W. O. Sheelaugh, M.D.</u>		23b. ADDRESS <u>Cape Girardeau Mo</u>		23c. DATE SIGNED <u>8 Nov 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>NOV 5-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAK HILL</u>	
24d. LOCATION (City, town, or county) (State) <u>KIRKWOOD - MO</u>					

DATE REC'D. BY LOCAL REG. <u>11-9-52</u>		REGISTRAR'S SIGNATURE <u>(O. C. Summers)</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>FORD-YOUNG FUNERAL HOME, INC. CAPT. GIRARDEAU, MISSOURI</u>	
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MAY 27 1954

NOV 24 1957

DEC 12 1952

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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 Lewell S. Smith

Licensed Embalmer, No. 4736

P. O. Address Cap. S. S. S. S.

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.