FILED JUN 15 1953

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

5621 State File No. 18542

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4261 Registrar's No. 47

**1. PLACE OF DEATH**
a. COUNTY Knox
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 5 mi. west Edina 2 " EAST of Hundland
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Knox
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Knox City, Missouri 0520
d. STREET ADDRESS (If rural, give location) 0

**3. NAME OF DECEASED** (Type or Print)
a. (First) Amanda Grace
b. (Middle) Grace
c. (Last) Printz

**4. DATE OF DEATH** (Month) June (Day) 5 (Year) 1953

**5. SEX** F
**6. COLOR OR RACE** W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) never married 0
**8. DATE OF BIRTH** Jan. 6, 1897
**9. AGE** (In years last birthday) 56 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Evangelist worker
**10b. KIND OF BUSINESS OR INDUSTRY**
**11. BIRTHPLACE** (City and State or Foreign Country) Belleville, Kansas
**12. CITIZEN OF WHAT COUNTRY?** U.S.A

**13a. FATHER'S NAME** A. J. Printz
**13b. MOTHER'S MAIDEN NAME** Myrta Frint
**14. NAME OF HUSBAND OR WIFE** none

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) 0 (If yes, give war or dates of service) 0
**16. SOCIAL SECURITY NO.** 0
**17. INFORMANT'S SIGNATURE OR NAME** Geo Printz Fortville Ind — 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary Paralysis

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Broken neck
DUE TO (c) Auto accident

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION** 052
**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify) accident
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) Fuway
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) Knox (STATE) Mo
**21d. TIME OF INJURY** (Month) 6 (Day) 5 (Year) 53 (Hour) 9:20 a.m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☒
**21f. HOW DID INJURY OCCUR?** Auto Accident

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

**23a. SIGNATURE** R. Mabrey D.O. (Degree or title)
**23b. ADDRESS** Coronor Knox County
**23c. DATE SIGNED** 6-6-53

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Burial
**24b. DATE** 8 June 1953
**24c. NAME OF CEMETERY OR CREMATORY** Knox City Cemetery
**24d. LOCATION** (City, town, or county) Knox City (State) Mo

**DATE REC'D BY LOCAL REG.** June 8-53
**REGISTRAR'S SIGNATURE** Nelle S. Hunalt 151-0
**25. FUNERAL DIRECTOR'S SIGNATURE** A. G. Rimer — ADDRESS Edina, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

## 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 Mrs J. W. Hudson

Licensed Embalmer No. 2972

P. O. Address Edina 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.