

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

**35017**

State File No. \_\_\_\_\_

FILED NOV 2 - 1953

|   |  |   |  |   |  |  |  |
|---|--|---|--|---|--|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>38</u>  |  | PRIMARY REG. DIST. NO. <u>3006</u>  |  | Registrar's No. <u>276</u>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Boone</u>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>  |  | c. LENGTH OF STAY (in this place) <u>3 days</u>   |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>  |  | OR TOWN <u>1</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>University Hospital</u>  |  |   |  | d. STREET ADDRESS <u>Route # 3</u>  |  |  |  |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Phyllis</u>   |  | b. (Middle) <u>Ann</u>  |  | c. (Last) <u>Prangos</u>  |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 22 53</u>                           |  |
| 5. SEX <u>Female</u>  |  | 6. COLOR OR RACE <u>White</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>   |  | 8. DATE OF BIRTH <u>Oct 9, 1949</u>  |  |
| 9. AGE (In years last birthday) <u>3 yr 11 M</u>  |  | IF UNDER 1 YEAR Months <u>11</u>  |  | IF UNDER 1 YEAR Days <u>22</u>  |  | IF UNDER 1 YEAR Hours <u>7</u>   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Chief</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY _____   |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Jefferson City, Mo</u>  |  | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>  |  |
| 13a. FATHER'S NAME <u>Louis Prangos</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>Heraldine Mounth</u>   |  | 14. NAME OF HUSBAND OR WIFE _____   |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____   |  | 16. SOCIAL SECURITY NO. _____   |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Louis Prangos</u> ADDRESS <u>Jefferson, Mo</u>   |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                                 |  | <b>MEDICAL CERTIFICATION</b>  |  |   |  |  |  |
|   |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory Failure</u>   |  |   |  | INTERVAL BETWEEN ONSET AND DEATH <u>33 hours</u>                                 |  |
|   |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>occurred and end of operation</u><br>DUE TO (c) <u>with ether Anesthesia</u> |  |   |  |  |  |
|   |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Unknown</u>  |  |   |  |  |  |
| 19a. DATE OF OPERATION <u>10-22-53</u>  |  | 19b. MAJOR FINDINGS OF OPERATION <u>operation on eye muscle</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 <u>Oct 20, 1953</u> , to <u>Oct 22, 1953</u> , that I last saw the deceased alive on <u>Oct 22, 1953</u> , and that death occurred at <u>8:30 a.m.</u> , from the causes and on the date stated above. |  |   |  |   |  |  |  |
| 23a. SIGNATURE (Degree or Title) <u>C. R. Bruner, M.D.</u>  |  |   |  | 23b. ADDRESS <u>Columbia, Mo</u>  |  | 23c. DATE SIGNED <u>Oct 22 53</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |  | 24b. DATE <u>Oct. 24, 1953</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Francis Xavier, Jess, Mo</u>  |  | 24d. LOCATION (Only town, or county) (State)                                     |  |
| DATE RECD BY LOCAL REG. <u>Oct. 24 1953</u>   |  | REGISTRAR'S SIGNATURE <u>Mrs. R. E. Palmer</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Sylvester Dulle</u> ADDRESS <u>J. C. Mo</u>   |  |  |  |

(Licensed Embalmer's Seal must be 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 \_\_\_\_\_

*Sylvester Dulle*  
Licensed Embalmer No. 4321

P. O. Address \_\_\_\_\_  
*Jefferson City*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.