

FILED JAN 23 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1215

No. 300  
10-48

BIRTH NO. _____		REG. DIST. NO. 140		PRIMARY REG. DIST. NO. 3024		Registrar's No. 7	
1. PLACE OF DEATH a. COUNTY <u>Howard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>			
b. CITY (If outside corporate limits, give RURAL and give township) <u>Fayette</u>		c. LENGTH OF STAY (In this place) <u>1 hr.</u>		c. CITY OR TOWN <u>Fayette</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>See Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>0.45/0</u>			
3. NAME OF DECEASED (First) <u>ERVIN</u> (Middle) <u>CARL</u> (Last) <u>PRENTZLER</u>			4. DATE OF DEATH (Month) <u>Jan.</u> (Day) <u>15</u> (Year) <u>1956</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>May 20, 1930</u>	
9. AGE (In years last birthday) <u>25</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Long Dist. Hauling</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Chariton Co. Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Prentzler</u>		13b. MOTHER'S MAIDEN NAME <u>Cora Mae Kancer</u>		14. NAME OF HUSBAND OR WIFE <u>Florence Gilmore Prentzler</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes 1947-1950</u>		16. SOCIAL SECURITY NO. <u>Not available</u>		17. INFORMANT(S) SIGNATURE OR NAME ADDRESS <u>John Prentzler Glasgow Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture of skull - R. parietal</u>				<u>2 hrs.</u>	
		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.					
		DUE TO (b) <u>Car accident</u>					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>Profound shock</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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, barn, factory, street, etc.) <u>Glasgow Mo - Road</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Glasgow Howard Mo.</u>			
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? <u>Car turned over.</u>			
22. I hereby certify that I attended the deceased from <u>1-15-56</u> , 1956, to <u>1-15</u> , 1956, that I last saw the deceased alive on <u>1-15</u> , 1956, and that death occurred at <u>10:00 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Wm F. Shaw M.D.</u>				(Degree or title)		23b. ADDRESS <u>Fayette Mo.</u>	
23c. DATE SIGNED <u>1-19-56</u>		24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 18, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Salem Lutheran</u>	
24d. LOCATION (City, town, or county) (State) <u>Forest Green Mo</u>		DATE REC'D BY LOCAL REG. <u>1-19-56</u>		REGISTRAR'S SIGNATURE <u>Mary L. Shell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wendley, Triemuth</u>	
						ADDRESS <u>Glasgow Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 25 1958

FEB 14 1958

JAN 28 1958

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.....  
Signature of Student Embalmer

Signed *W. H. Triemont*

Licensed Embalmer No. 397

P. O. Address *Glasgow*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.