

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27957

STATE FILE NUMBER

FILED AUG 20 1957

Registration District No. 110 Primary Registration District No. 4182 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY FRANKLIN			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY FRANKLIN		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN NEE HAVEN MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN NEW HAVEN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) EDWARD T. PRUESSNER			4. DATE OF DEATH Month AUG. Day 15 Year 1957		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 23, 1877	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Month 2 Day 23 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY BUILDING	11. BIRTHPLACE (City and state or country) NEW HAVEN MO.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME SIMON PRUESSNER			14. MOTHER'S MAIDEN NAME WILHELMINA KRUEGER		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 495-12-7190	17. INFORMANT Address Mo. New Haven Mrs Elizebeth Pruessner		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lymphosarcoma					INTERVAL BETWEEN ONSET AND DEATH 5 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) _____					
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY _____ STATE _____
21. I attended the deceased from 11/26/53 to 8/15/57 and last saw ^{her} him alive on 8/15/57 Death occurred at 2:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE B. P. Wiseman (Degree or title) M. D.			22b. ADDRESS New Haven, Missouri		22c. DATE SIGNED 8/16/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-18-1957	23c. NAME OF CEMETERY OR CREMATORY St. Peters E. & R. Cem	23d. LOCATION (City, town, or county) New Haven		(State) MO.
24. FUNERAL DIRECTOR L. C. FERTIG & SON NEW HAVEN MO.		ADDRESS	25. DATE RECD. BY LOCAL REG. 8/17/57	26. REGISTRAR'S SIGNATURE Kettie Murphy	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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Coroner must certify to a death due to natural causes. Diseases in Part I must be causally related.

SEP 13 1951

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 *Carl A. Lertze*.....

Licensed Embalmer No. *132*

P. O. Address *New H.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.