

FILED JAN 22 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **592**

BIRTH NO. **70** REG. DIST. NO. **71** PRIMARY REG. DIST. NO. **4524** Registrar's No. **3**

1. PLACE OF DEATH a. COUNTY Clark		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clark	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN rural Missouri LENGTH OF town(ship) STATE (in this place) Mrs.		c. CITY OR TOWN rural- Kahoka,	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		f. STREET ADDRESS (If rural, give location) 0230	

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) C. c. (Last) Proenneke	4. DATE OF DEATH (Month) (Day) (Year) Jan. 7, 1958
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 11, 1874	9. AGE (In years last birthday) 83 IF UNDER 1 YEAR Months 8 Days 26 IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Grain & Stock	11. BIRTHPLACE (City and State or Foreign Country) Farmington, Iowa.	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Christopher Proenneke	13b. MOTHER'S MAIDEN NAME Eli,abeth Maker	14. NAME OF HUSBAND OR WIFE Minnie Alice Proenneke
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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. none	17. INFORMANT'S SIGNATURE OR NAME Jord Proenneke ADDRESS Farmington, Iowa
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c) 		
II. 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 334X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Jan 2, 1958** to **Jan 7, 1958**, that I last saw the deceased alive on **1/2**, 1958 and that death occurred at **6 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE C. R. Bridges (Degree or title) M.D.	23b. ADDRESS Kahoka, Mo	23c. DATE SIGNED 1-7-58
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 9, 1958	24c. NAME OF CEMETERY OR CREMATORY Greenglade cemetery	24d. LOCATION (City, town, or county) (State) Farmington, Iowa.
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DATE REC'D BY LOCAL REG. 1-8-58	REGISTRAR'S SIGNATURE C. R. Bridges	25. FUNERAL DIRECTOR'S SIGNATURE H. E. Osbell ADDRESS Farmington Ia
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0230

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 Rayman E. Agell, Student Embalmer No. 5020

Student Embalmer

Signed Rayman E. Agell

Licensed Embalmer No. 5020

P. O. Address Farmington, Conn.

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.