

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-032060

STATE FILE NUMBER

FILED OCT 9 1958

Registration District No. 73

Primary Registration District No. 3014

Registrar's No. 135

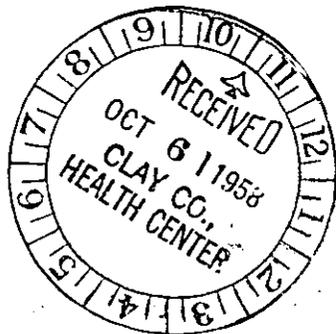
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1-57

1. PLACE OF DEATH a. COUNTY <i>Platte</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Platte</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Liberty</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Liberty</i> 6001 Wide Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital give location) HOSPITAL OR INSTITUTION <i>442 W. Franklin</i>		Length of stay in lb <i>7 yrs</i>	d. STREET ADDRESS (If outside, give location) <i>442 W. Franklin</i>
3. NAME OF DECEASED (Type or print) First <i>JOHN</i> Middle <i>J.</i> Last <i>PRONAN</i>		4. DATE OF DEATH Month <i>Sept.</i> Day <i>27</i> Year <i>58</i>	
5. SEX <i>m</i>	6. COLOR OR RACE <i>w</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Mar 3-1890</i>
9. AGE (In years last birthday) <i>68</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Engineer</i>	11. BIRTHPLACE (City and state or country) <i>Denton Ohio</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>John James Pronan</i>	
14. MOTHER'S MAIDEN NAME <i>unk</i>		15. NAME OF HUSBAND OR WIFE <i>unk</i>	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) <i>no</i>		17. SOCIAL SECURITY NO. <i>no</i>	18. INFORMANT <i>Ms. Nadine Thompson Liberty, Mo</i>
19. ADDRESS		20. ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Myocardial Failure</i>			INTERVAL BETWEEN ONSET AND DEATH <i>10 min</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Myocardial Ischemia</i> 4200			<i>6 month</i>
DUE TO (c) <i>Arteriosclerotic Heart Disease</i>			<i>10 yrs</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (d). <i>Myocardial Infarction with left bundle branch block</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		20f. COUNTY STATE	
20g. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20h. CITY, TOWN, OR LOCATION	
21. I attended the deceased from <i>April 1958</i> to <i>Sept 23, 1958</i> and last saw her/him alive on <i>Sept 23, 1958</i> . Death occurred at <i>5:00 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>John M. Williams M.D.</i>		22b. ADDRESS <i>Liberty 32 South Main</i>	
22c. DATE SIGNED <i>9-27-58</i>		22d. ADDRESS	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>Sept 28 58</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Calvary</i>		23d. LOCATION (City, town, or county) (Specify) <i>Denton Ohio</i>	
24. FUNERAL DIRECTOR <i>Church-Hecher Co. Liberty, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>9-28-58</i>	
26. ADDRESS		27. REGISTRAR'S SIGNATURE <i>Hazel Graham</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.



OCT 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 \_\_\_\_\_

Licensed Embalmer No. 4428

P. O. Address Liberty, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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