THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038622
STATE FILE NUMBER

FILED NOV 5 1958 Registration District No. 355 Primary Registration District No. 6205 Registrar's No.

1. PLACE OF DEATH
a. COUNTY TEXAS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pierce TWP — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Texas
c. CITY OR TOWN Star Route Willow Springs, Mo. — Inside Limits ☒
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First MARGARET Middle ANN Last PRINGLE
4. DATE OF DEATH Month Oct. Day 11, Year 1958
5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH March 25, 1872
9. AGE (In years last birthday) 86 — IF UNDER 1 YEAR Months 6 Days 16 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY home
11. BIRTHPLACE (City and state or country) New Castle, England
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Thomas Scott
14. MOTHER'S MAIDEN NAME Mary Carmacile
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. none
17. INFORMANT Arthur Pringle Address Willow Springs, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Uremia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Nephritis
DUE TO (c) Myocarditis chronic
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Senility 4222
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 10/6/58 to — and last saw her/him alive on 10/6/58
Death occurred at 1:20 PM on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Harold W. Miller (Degree or title) MD
22b. ADDRESS Willow Springs, Mo
22c. DATE SIGNED 10/18/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10/13/58
23c. NAME OF CEMETERY OR CREMATORY Pine Grove
23d. LOCATION (City, town, or county) (State) Howell County, Mo.
24. FUNERAL DIRECTOR Burns ADDRESS Willow Springs, Mo.
25. DATE RECD. BY LOCAL REG. 10/27/58
26. REGISTRAR'S SIGNATURE Anna Roberts

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Fred W. Barnes
Fred W. Barnes

Licensed Embalmer No. 46

P. O. Address Willow Sp

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.