

COURT DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-020556

STATE FILE NUMBER

Amended 43 Registered on District No. 3007 Primary Registration District No. 169 Registrar's No. 169

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff, Mo.		c. CITY OR TOWN Poplar Bluff	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home		d. STREET ADDRESS (If outside, give location) Route # 4	

3. NAME OF DECEASED (Type or print) John Prenzel			4. DATE OF DEATH May 24 1961	
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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 4-10-03	9. AGE (last birthday) 58	IF UNDER 1 YEAR Months 1 Days 14	IF UNDER 24 HR Hours 14 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	11. BIRTHPLACE (City and state and country) Carmi, Ill.	12. CITIZEN OF WHAT COUNTRY U.S.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Josie Prenzel
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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	17. INFORMANT Address Mrs. Josie Prenzel, Poplar Bluff
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 1 hr - Gonorrhea for 2 yrs
IMMEDIATE CAUSE (a) Myocardial Infarction		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Had previous Infarction.		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour 2:00 a.m. Month, Day, Year	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
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21. I attended the deceased from May 19 1959 to May 23, 1961 and last saw him alive on May 23 1961 Death occurred at 2:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) William J Turner MD	22b. ADDRESS 215 east st. Poplar Bluff	22c. DATE SIGNED 6/29/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-26-61	23c. NAME OF CEMETERY OR CREMATORY City	23d. LOCATION (City, town, or county) Poplar Bluff, Mo.
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24. FUNERAL DIRECTOR ADDRESS Frank-Cotrell Poplar Bluff, Mo.	25. DATE RECD. BY LOCAL REG. 7/8/1961	26. REGISTRAR'S SIGNATURE Delma Graham
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles E. Mungler

Licensed Embalmer No. 4877

P. O. Address Poplar Bluff

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.

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VOID - 11 - 11 - 11

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