MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-026866
STATE FILE NUMBER

FILED JUL 19 1962

Registration District No. 382 Primary Registration District No. 5545 Registrar's No. 13

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0450		
2	0210		
3			
4	0		
5	1		
6			
7	0		
8	0		
9	X		
10			
11	045		
12	91-3		
13	2-0		

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Howard
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Charlton Township — Length of stay in 1b: Driving on Hwy
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 3 mi east of Glasgow Hwy 240 — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Charlton
c. CITY OR TOWN: Forest Green — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Route #1 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Kenneth Middle: Lee Last: PRENTZLER

4. DATE OF DEATH: Month: July Day: 2 Year: 1962

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: May 2, 1936
9. AGE (Last birthday): 26 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: General Farming
11. BIRTHPLACE (City and state or country): Howard Co. Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: John Prentzler
13b. MOTHER'S MAIDEN NAME: Cora Mae Kaneca
14. NAME OF HUSBAND OR WIFE: Nancy Frazie Prentzler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): 1954-1958
16. SOCIAL SECURITY NO.: not available
17. INFORMANT: John Prentzler Address: Glasgow Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) (1) Fractured Skull — INTERVAL BETWEEN ONSET AND DEATH: Immediately
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) (2) Compound Fracture Femur "
DUE TO (c) Car Wreck

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. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 2:15 p.m. Month, Day, Year 7-2-62
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: Glasgow COUNTY: Howard STATE: Mo

21. I attended the deceased from 7-2-62 to 7-2-62 and last saw him alive 7-2-62
Death occurred at 2:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Wm Bloom (Degree or title) M.D. Coroner
22b. ADDRESS: Fayette Mo
22c. DATE SIGNED: 7-9-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: July 6, 1962
23c. NAME OF CEMETERY OR CREMATORY: Salem Lutheran Cemetery
23d. LOCATION (City, town, or county) (State): Forest Green Mo

24. FUNERAL DIRECTOR: Fairmont Funeral Service ADDRESS: Glasgow Mo
25. DATE RECD. BY LOCAL REG.: 7-9-62
26. REGISTRAR'S SIGNATURE: Walker Audsley

(Licensed Embalmer's Statement on Reverse Side)

JUL 31 1962

JUL 26 1962

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 E. W. Freimouth

Licensed Embalmer No. 3978

P. O. Address Glasgow 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.