

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-017051

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 18 1963

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 134

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY: <u>Pettis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: <u>Sedalia</u>		Length of stay in 1b <u>57 years</u>	c. CITY OR TOWN: <u>Sedalia</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: <u>601 West Saline</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location): <u>601 West Saline</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First: <u>LAWRENCE</u> Middle: <u>ELGER</u> Last: <u>PRINE</u>			4. DATE OF DEATH Month: <u>April</u> Day: <u>15</u> Year: <u>1963</u>		
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH: <u>2/25/05</u>	9. AGE (last birthday): <u>58</u>	IF UNDER 1 YEAR: Months: <u> </u> Days: <u> </u> Hours: <u> </u> Min.: <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Plumber</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Plumbing and Heating</u>	11. BIRTHPLACE (City and state or country): <u>Moniteau County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY: <u>U.S.A.</u>	
13a. FATHER'S NAME: <u>Charles V. Prine</u>		13b. MOTHER'S MAIDEN NAME: <u>Artha Flippin Prine</u>		14. NAME OF HUSBAND OR WIFE: <u>Virginia Poynter Prine</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): <u>No</u>			17. INFORMANT: <u>Mrs. Virginia Prine, 601 West Saline, Sedalia, Mo.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Central Vascular accident</u>					INTERVAL BETWEEN ONSET AND DEATH: <u>5 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b)		DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): <u>Chronic alcoholism</u>					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
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: <u> </u> a.m. / p.m. Month, Day, Year: <u> </u> / <u> </u> / <u> </u>			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.): <u> </u>		20f. CITY, TOWN, OR LOCATION: <u> </u>		COUNTY: <u> </u> STATE: <u> </u>	
21. I attended the deceased from <u>7/14/56</u> to <u>5/10/57</u> and last saw him <u>alive on Jan 1943</u> Death occurred at <u>5:00 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title): <u>Thomas J. Ferguson MD</u>			22b. ADDRESS: <u>Sedalia Mo</u>		22c. DATE SIGNED: <u>4/16/63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify): <u>Burial</u>	23b. DATE: <u>4/16/63</u>	23c. NAME OF CEMETERY OR CREMATORY: <u>Crown Hill Cemetery</u>	23d. LOCATION (City, town, or county): <u>Sedalia, Missouri</u>		
24. FUNERAL DIRECTOR: <u>Shane Ewing</u>		ADDRESS: <u>Sedalia, Mo.</u>	25. DATE RECD. BY LOCAL REG.: <u>April 16, 1963</u>	26. REGISTRAR'S SIGNATURE: <u>Frances Shelby</u> <u>N. Anderson</u>	

USE BLACK INK OR TYPEWRITER RIBBON

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 R. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia 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.