

FILED FEB 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4365

State File No.

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 5304 Registrar's No. 35

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Cole</u> b. CITY OR TOWN <u>Rural</u>		c. LENGTH OF STAY (in this place) <u>1</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>		c. CITY OR TOWN <u>Miles East of St. Thomas, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>		
3. NAME OF DECEASED (Type or Print) <u>Joseph Prince</u> a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH <u>Feb. 10 1949</u> (Month) (Day) (Year)			5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 30, 1980</u>		9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR <u>5</u> Months <u>10</u> Days		IF UNDER 2 HRS. <u>1</u> Hours <u>1</u> Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own</u>		11. BIRTHPLACE (State or foreign country) <u>St. Thomas, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Charles Prince</u>			13b. MOTHER'S MAIDEN NAME <u>Katherine Rotz</u>			14. NAME OF HUSBAND OR WIFE <u>Rosie Prince</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Rosie Prince</u>			ADDRESS <u>St. Thomas, Mo.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u>						INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES								
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary thrombosis</u> DUE TO (c) <u>hypertension</u>								
		11. OTHER SIGNIFICANT CONDITIONS								
		Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>no operation</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>St. Thomas, Cole Mo</u>						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR _____						
22. I hereby certify that I attended the deceased from <u>Feb 9, 1949</u> , to <u>Feb 10, 1949</u> , that I last saw the deceased alive on <u>Feb 9, 1949</u> , and that death occurred at <u>2 P.M.</u> , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <u>Henry G. Sauerberg, M.D.</u>					23b. ADDRESS <u>Metairie Mo</u>			23c. DATE SIGNED <u>2/11/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-12-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Thomas Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Thomas, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>Feb. 14-1949</u>		REGISTRAR'S SIGNATURE <u>R.P. Arrington - M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Verdell Buercher Jefferson City, Mo</u>					

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed FEB 16 1949

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
Student Embalmer

Signed Victor Buescher

Licensed Embalmer No. 3501

P. O. Address Jefferson City, 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 this body is not embalmed, fact should be so stated above.