

FILED AUG 1 1949

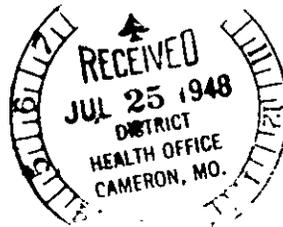
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22446**

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

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 5017 Registrar's No. 347

1. PLACE OF DEATH a. COUNTY <u>Andrew</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nodaway</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nodaway (Rural)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) _____	
3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) _____ c. (Last) <u>Priebe</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7 14 49</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>never married</u>	8. DATE OF BIRTH <u>August 3, 1887</u>
9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ 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>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Martin Priebe</u>	13b. MOTHER'S MAIDEN NAME <u>Sophia Cross</u>	14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____	
18. CAUSE OF DEATH *Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary block</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mitral insufficiency</u> DUE TO (c) <u>none</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> <u>6 months</u> <u>7/10X</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>none</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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>Feb 12</u> , 1949, to <u>July 14</u> , 1949, that I last saw the deceased alive on <u>July 1</u> , 1949, and that death occurred at <u>5 9</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Patrick P. Miller MD</u>		23b. ADDRESS <u>Savannah Mo</u>	23c. DATE SIGNED <u>7-13-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/18/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph Mo.</u>
DATE REC'D BY LOCAL REG. <u>7/18/49</u>	REGISTRAR'S SIGNATURE <u>William Sparks</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm A Rich</u> ADDRESS _____	



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.

Signed.....

G M Atkinson

Signed.....
Student Embalmer

Licensed Embalmer No. *2279*

P. O. Address *Lawrence*

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.