

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43531

FILED JAN 9 1950

State File No.

BIRTH NO. _____ REG. DIST. NO. 36 PRIMARY REG. DIST. NO. 4531 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY <u>WARREN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrenton Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Foristead</u>	
c. LENGTH OF STAY (in this place) <u>5 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>10 50</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>KATIE Jane Memorial</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>HUBERT</u>	b. (Middle) <u>EARL</u>	c. (Last) <u>PRINGLE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 18 49</u>
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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>June 9-1883</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>9</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carried mail from station to Postoffice</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Foristead Mo</u>	11. BIRTHPLACE (State or foreign country) <u>Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Chas. Norman Pringle</u>	13b. MOTHER'S MAIDEN NAME <u>Willa Hill</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Orelie C. Pringle Foristead Mo</u>	ADDRESS <u>Foristead Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic congestive heart failure</u>		<u>when</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic suppurative</u>		<u>when</u>
DUE TO (c) <u>cryptorchid bilateral</u>		<u>ingested</u>	<u>4522</u>
II. 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:	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Nov 13, 1949, to Dec 17, 1949, that I last saw the deceased alive on Dec 17, 1949, and that death occurred at 2:15 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>N. J. Jacobs M.D.</u>	23b. ADDRESS <u>Warrenton Mo</u>	23c. DATE SIGNED <u>Dec 28-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-21-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hickory Grove</u>	24d. LOCATION (City, town, or county) (State) <u>3 miles South of Foristead Mo</u>
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DATE REC'D BY LOCAL REG. <u>12-30-49</u>	REGISTRAR'S SIGNATURE <u>Floyd Lagen</u>	25. FURNAL DIRECTOR'S SIGNATURE <u>O. C. Titman</u>	ADDRESS <u>Warrenton Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

704
104

RECEIVED
JAN 7 1950
District Health Officer No. 9
District File Number

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 me

working under my personal supervision.

Student Embalmer No. _____

Student _____
Student Embalmer

Signed Alfred L. Slope

Licensed Embalmer No. 2964

P. O. Address St. Louis 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.