

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44014**

310
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BIRTH NO. _____ REG. DIST. NO. **98** **DELAYED** PRIMARY REG. DIST. NO. **4165** Registrar's No. **47**

1. PLACE OF DEATH a. COUNTY Daviess		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Daviess	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gallatin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington Twp. Rural	
c. LENGTH OF STAY (In this place) 3 weeks		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Adams Nursing Home			

3. NAME OF DECEASED (Type or Print)	a. (First) Verona	b. (Middle)	c. (Last) Prindle	4. DATE OF DEATH (Month) (Day) (Year) March 9 1949
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 1869 5th December	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 1 HR. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Daviess County 0	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Francis Smith	13b. MOTHER'S MAIDEN NAME Caroline Smith	14. NAME OF HUSBAND OR WIFE Jasper Prindle
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Denzil Prindle Coffey	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Congestive Heart Failure		INTERVAL BETWEEN ONSET AND DEATH 10 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio Vascular Renal Disease		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			442X

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 **Febr. 28**, 19 **49**, to **19 March, 1949**, that I last saw the deceased alive on **9th March 1949**, and that death occurred at **HAM** m., from the causes and on the date stated above.

23a. SIGNATURE J. B. Graham M.D. (Deceased or title)	23b. ADDRESS Jackson Mo	23c. DATE SIGNED 4/10/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 13th March	24c. NAME OF CEMETERY OR CREMATORY Union Grove	24d. LOCATION (City, town, or county) (State) 3 1/2 miles East of Cobden Mo
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DATE REC'D BY LOCAL REG. 15 March 1950	REGISTRAR'S SIGNATURE V. Eugene M. Engelbert	25. FUNERAL DIRECTOR'S SIGNATURE H. Schromer	ADDRESS Pattersonburg Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1471

APR 20 1950

SEP 26 1950



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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed..... *E. S. Brown*

Signed.....
Student Embalmer

Licensed Embalmer No. 2887

P. O. Address Pattersonburg

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.