

No. 300  
10.48

IC-Unknown FILED JUL 6 - 1951  
#589

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19549  
State File No. ....

123  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>2007</u>		Registrar's No. <u>277</u>			
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Pulaski</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff, Missouri</u>		c. LENGTH OF STAY (In this place) <u>7</u> days		c. CITY (If outside corporate limits, write RURAL and give township) <u>Mounds</u> <u>8120</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Veterans Administration Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>RR#1</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>John</u>		b. (Middle) <u>(None)</u>		c. (Last) <u>Prim</u>			
4. DATE OF DEATH		(Month) <u>June</u>		(Day) <u>26</u>		(Year) <u>1951</u>			
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>9-11-77</u>		9. AGE (To years last birthday) <u>73</u>			
IF UNDER 1 YEAR Months <u>9</u>		IF UNDER 1 YEAR Days <u>15</u>		IF UNDER 11 MRS. Hours <u>0</u>		Mins. <u>10</u>			
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>Anna, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Martin Prim</u>		13b. MOTHER'S MAIDEN NAME <u>Mandy Belle Clay</u>		14. NAME OF HUSBAND OR WIFE <u>Gertrude B. Prim</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>Boxer Rebellion</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Unknown</u>		ADDRESS <u>VA Records</u>			
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, asthenia, 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>Mesenteric thromboses</u>				ANTECEDENT CAUSES					
DUE TO (b) _____				DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS				1) <u>Portal vein thrombosis</u>					
Conditions contributing to the death but not related to the disease or condition causing death				2) <u>Broncho pneumonia</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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>5702</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 <sup>NA</sup> <del>he</del> attended the deceased from <u>June 19, 1951</u> , to <u>June 26, 1951</u> , <del>that the deceased was</del> <u>born</u> and that death occurred at <u>12:10A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>C.E. FILDES</u> (Degree or title) <u>Chief Surgical Service VA Hospital, Poplar Bluff, Mo.</u>				23b. ADDRESS		23c. DATE SIGNED <u>6-26-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>June 27, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mound City National Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Mound City, Ill.</u>			
DATE REC'D BY LOCAL REG. <u>June 27 1951</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Green Cross &amp; Fitch Poplar Bluff, Mo.</u> ADDRESS					

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

JUL 3 1951  
BUTLER CO. HEALTH CENTER  
FILE No. 751-300

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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 Wallace N. Fitch.....

Licensed Embalmer No. 3859.....

P. O. Address Poplar Bluff 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.