

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15263

FILED APR 22 1952

REG. DIST. NO. 323 PRIMARY REG. DIST. NO. 6091 Registrar's No. 19

0970

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

1. PLACE OF DEATH a. COUNTY <u>SALINE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>SALINE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL SALT POND</u>		c. LENGTH OF STAY (in this place) <u>35 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL SALT POND TWP A</u>		0970	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 1/2 MI EAST OF EMMA, MO</u>				d. STREET ADDRESS (If rural, give location) <u>1 1/2 MI EAST OF EMMA, MO</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>OTTO</u> b. (Middle) <u>HENRY CLAWS</u> c. (Last) <u>PRAGMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 18 1952</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>FEB 6, 1885</u>	
9. AGE (In years last birthday) <u>67</u>		10. MONTHS <u>2</u>		11. BIRTHPLACE (State or foreign country) <u>SALINE COUNTY MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</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>GEN. FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>SALINE COUNTY MISSOURI</u>			
13a. FATHER'S NAME <u>CARL PRAGMAN</u>			13b. MOTHER'S MAIDEN NAME <u>MARGARET MEYER</u>		14. NAME OF HUSBAND OR WIFE <u>MRS EMMA PRAGMAN</u>		
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>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS EMMA PRAGMAN Sweet Springs, Mo</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusions - natural</u>					INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <u>L</u>		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>L</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>L</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>L</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>L</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>L</u>			
22. I hereby certify that I attended the deceased from <u>Made an investigation April 18, 1952</u> , to <u>18, 1952</u> , that I last saw the deceased alive on <u>7/11</u> , 19 <u>52</u> , and that death occurred at <u>7/11</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>C. L. Lawler, Coroner</u>				23b. ADDRESS <u>Saline Co Marshall, Mo</u>		23c. DATE SIGNED <u>4-18-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 20, 52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Holy Cross Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>EMMA MO</u>		
DATE REC'D BY LOCAL REG. <u>4/19/52</u>		REGISTRAR'S SIGNATURE <u>Dolly Andrew</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. L. James</u>		ADDRESS <u>Troutdale, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 L. F. Parker

Licensed Embalmer No. 3840

P. O. Address Sweet Springs, N.C.

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.