

FILED AUG 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27159

State File No.

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 4051 Registrar's No. 230

1. PLACE OF DEATH a. COUNTY <u>Boone</u> <u>0100</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> <u>0100</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hallsville</u>		c. LENGTH OF STAY (in this place) <u>years</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Hallsville</u> <u>0</u>		d. STREET ADDRESS (If rural, give location)
3. NAME OF DECEASED (Type or Print) a. (First) <u>LOREN</u> b. (Middle) <u>SHOOT</u> c. (Last) <u>PRENTICE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 18, 1952</u>		
5. SEX <u>Male</u> <u>♂</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>8-2-1877</u>	9. AGE (In years less birthday) <u>75</u>	10. UNDER 1 YEAR <u>0</u> Months <u>18</u> Days
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>Adair County, Missouri</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Thomas Wade Prentice</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Jane Garrett</u>		14. NAME OF HUSBAND OR WIFE <u>Annie Durk Prentice</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>486-12-6627</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Loren S. Prentice, Hallsville, 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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lymphosarcomatosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</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 checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, other bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
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?		
22. I hereby certify that I attended the deceased from <u>Feb. 27, 52</u> , to <u>Aug. 18, 1952</u> , that I last saw the deceased alive on <u>Aug. 8, 1952</u> , and that death occurred at <u>3:05A m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>L. Lachance M.D.</u>			23b. ADDRESS <u>Centralia, Missouri</u>		23c. DATE SIGNED <u>8-19-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-20-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount Zion Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Boone County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Aug. 21, 1952</u>	REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u> <u>31-</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bill W. Meador Centralia, Mo.</u>		

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

1950
MAY 15
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

Bill J. Meador

Signed.....

Student Embalmer

Licensed Embalmer No. *7876*

P. O. Address

Centralia, Miss

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.