

STANDARD CERTIFICATE OF DEATH

State File No. **31814**
3932

FILED SEP 20 1952

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Greeley</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>4 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Tribune</u> <u>8150</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3411 Baltimore</u>				d. STREET ADDRESS <u>XX</u> (If rural, give location) <u>8 X</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EARL</u>		b. (Middle)		c. (Last) <u>PRINGLE</u>		4. DATE OF DEATH (Month) <u>9</u> (Day) <u>5</u> (Year) <u>52</u>	
5. SEX <u>Ma</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>7-15-1890</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours Min.
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>Ranching</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Tribune, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Robert Pringle</u>			13b. MOTHER'S MAIDEN NAME <u>Louise A. Gehr</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Maude Pringle</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Maude Pringle, Tribune, Kansas</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolus</u> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>Primary pulmonary tuberculosis</u> DUE TO (c) <u>tuberculosis peritonitis & ecchysis</u> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH <u>2021</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)			
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 I attended the deceased from <u>9-2</u> , 19 <u>52</u> , to <u>9-4</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>9-4</u> , 19 <u>52</u> , and that death occurred at <u>9:30</u> A.M., from the causes and on the date stated above.							
23a. SIGNATURE <u>Lester D. Shook</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>830 Argyle Bldg, K, Mo</u>		23c. DATE SIGNED <u>9/5/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9-5-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Tribune Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Tribune, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>9-5-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J W Wagner</u>		ADDRESS <u>K 6 Mo</u>	

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

JAN 19 1954

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 Alvin R. Haenschel

Licensed Embalmer No. 4159

P. O. Address K. C. 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.