

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8676**

FILED APR 2 1953 REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 44

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1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico	
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain County Hospital		d. STREET ADDRESS (If rural, give location) 617 N. Washington	

3. NAME OF DECEASED (Type or Print) a. (First) Carl	b. (Middle) John	c. (Last) Precht	4. DATE OF DEATH (Month) (Day) (Year) March 25, 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) Married	8. DATE OF BIRTH May 4, 1890	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HR. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Taxi Driver	10b. KIND OF BUSINESS OR INDUSTRY Transportation	11. BIRTHPLACE (City and State or Foreign Country) Mexico, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Henry Precht	13b. MOTHER'S MAIDEN NAME Elizabeth Kretz	14. NAME OF HUSBAND OR WIFE Mrs. Annabelle Precht
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I	16. SOCIAL SECURITY NO. 491-05-7494	17. INFORMANT'S SIGNATURE OR NAME Mrs. Carl Precht	ADDRESS Mexico, Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 to 5 min
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	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. Had a renal stone removed 6 months ago			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" 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 **1945**, to **Mar 25, 1953**, that I last saw the deceased alive on **Mar 27, 1953**, and that death occurred at **5:09 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE J. A. Garret, D.O.	(Degree or title)	23b. ADDRESS Mexico Mo.	23c. DATE SIGNED 3/25/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-27-53	24c. NAME OF CEMETERY OR CREMATORY Eastlawn Mem. Park	24d. LOCATION (City, town, or county) (State) Audrain County, Mo.
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DATE REC'D BY LOCAL REG. Mar 27-1953	REGISTRAR'S SIGNATURE Blanche Neely	25. FUNERAL DIRECTOR'S SIGNATURE Chas Arnold, Jr.	ADDRESS MEXICO, MO
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 3 1958

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 Richard Y. McDonald

Licensed Embalmer No. 4825

P. O. Address Peoria, 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.