

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13717

State File No. _____

FILED MAY 15 1953

BIRTH NO. _____ REG. DIST. NO. 88 PRIMARY REG. DIST. NO. 4151 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>WARFORD COUNTY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>MO</u> b. COUNTY <u>WARFORD</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>STEELYVILLE MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Steelyville MO</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0280</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>PAULINE</u> b. (Middle) _____ c. (Last) <u>PRENCEL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 14-1953</u>
---	--	--	---

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>9</u>	8. DATE OF BIRTH <u>APRIL 8-1870</u>	9. AGE (In years last birthday) <u>82</u>	10. MONTHS <u>1</u>	11. DAYS <u>1</u>	12. HOURS <u>1</u>	13. MINUTES <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS MO</u>		12. CITIZENRY OF WHAT COUNTRY <u>USA</u>		

13a. FATHER'S NAME <u>JULIUS DRANDT</u>	13b. MOTHER'S MAIDEN NAME <u>Dr. [unclear]</u>	14. NAME OF HUSBAND OR WIFE <u>BROND PRENCEL</u>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>THEODOR H. VOLTE</u>	ADDRESS <u>STEELYVILLE 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		INTERVAL BETWEEN ONSET AND DEATH <u>3 wks.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) <u>Senility</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, office 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 10 Apr 1953 to 14 April, 1953, that I last saw the deceased alive on 10 Apr 1953, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John Campbell</u> (Degree or title)	23b. ADDRESS <u>Steelyville Mo</u>	23c. DATE SIGNED <u>16 Apr 53</u>
---	------------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>APRIL 17-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>
---	------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>5-18-53</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>76-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>JONES FUNERAL HOME</u> ADDRESS <u>STEELYVILLE MO</u>
---	--	--

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

5. No. 300
10. 48

280

[Handwritten signature]

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 _____

Licensed Embalmer No. 24238

P. O. Address Hubert E. M.

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.