

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23738

State File No. ....

FILED JUN 23 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 4547 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <b>Worth</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Worth</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Grant City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Grant City</b>	
c. LENGTH OF STAY (in this place) <b>20 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>1130</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>0</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Austa</b>		b. (Middle) <b>Irene</b>	
c. (Last) <b>Pringle</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 5, 1953</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>May 10, 1872</b>
9. AGE (in years last birthday) <b>81</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>		13a. FATHER'S NAME <b>Robert C. Stricklen</b>	
13b. MOTHER'S MAIDEN NAME <b>Salone Evella Smith</b>		14. NAME OF HUSBAND OR WIFE <b>Robert B. Pringle</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mayme Rinehart - Grant City, Missouri</b>		ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CORONARY OCCLUSION</b> INTERVAL BETWEEN ONSET AND DEATH <b>2 hours</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>CORONARY ATHEROSCLEROSIS</b> DUE TO (c) <b>Age &amp; OBESITY</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>NONE</b>	
19a. DATE OF OPERATION <b>NONE</b>		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Dec.</b> , 1952, to <b>June 5</b> , 1953, that I last saw the deceased alive on <b>June 5</b> , 1953, and that death occurred at <b>12:30 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Richard Smith, D.V.</b>		23b. ADDRESS <b>Grant City, Mo.</b>	
23c. DATE SIGNED <b>June 6, 1953</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6-9-1953</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Knox Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Gentry County, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>June 15-1953</b>		REGISTRAR'S SIGNATURE <b>Leta C. Dawson</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Bill D. Dunfee</b>		ADDRESS <b>Grant City, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 Billy A. Dunfee

Licensed Embalmer No. 4908

P. O. Address Grant City, 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.