

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35483**

NOV 9 - 1953

REG. DIST. NO. **101** PRIMARY REG. DIST. NO. **5393** Registrar's No. **58**

2340

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

1. PLACE OF DEATH a. COUNTY Douglas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Douglas	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ava, R, Benton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ava, Rural, Benton	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) Ellen b. (Middle) c. (Last) Prine			4. DATE OF DEATH (Month) (Day) (Year) 10-19-53
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2-14-04
9. AGE (In years last birthday) 49		10. MONTHS 1	11. DAYS 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and State or Foreign Country) Douglas County, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Asa Wilson	
13b. MOTHER'S MAIDEN NAME Amanda Johnson		14. NAME OF HUSBAND OR WIFE Ersell Prine	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Opal Johnson, Smallett, Mo.
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) Toxemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastatic Ca of Liver DUE TO (c) Ca of uterus	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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?		21g. 172 X	
22. I hereby certify that I attended the deceased from 10-19 , to 10-19 , 19 53 , that I last saw the deceased alive on 10-19 , and that death occurred at 10:15 p.m., from the causes and on the date stated above.			
23a. SIGNATURE M. C. Gentry M.D. (Degree or title)		23b. ADDRESS Ava, Mo.	
23c. DATE SIGNED 10-20-53		24. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 10-22-53		24c. NAME OF CEMETERY OR CREMATORY Walnut Grove	
24d. LOCATION (City, town, or county) (State) Ava, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Clinkingbeard Funeral Home, Ava, Mo.	
25. DATE REC'D BY LOCAL REG. 11-6-53		25. REGISTRAR'S SIGNATURE Wesley Bushman	

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 Lyle C. Glinkingbeard

Licensed Embalmer No. 4830

P. O. Address Avon, 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.