

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DP. FILE NO. 11785
State File No. 1394

BIRTH NO. FILED APR 26 1954 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1394

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. LENGTH OF STAY (In this place) 6 mos	c. CITY OR TOWN SPRINGFIELD
d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. ST. JOHN'S HOSPITAL		e. STREET ADDRESS (If rural, give location) 1201 W. HARRISON	

3. NAME OF DECEASED (Type or Print)	a. (First) ANNA	b. (Middle) MARY	c. (Last) PREUSS	4. DATE OF DEATH (Month) (Day) (Year) APRIL 18, 1954
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH NOV. 9, 1884	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Days	IF UNDER 1 HOUR Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Practical Nurse	10b. KIND OF BUSINESS OR INDUSTRY Nursing	11. BIRTHPLACE (City and State or Foreign Country) SMITHTON, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME ALBERT PREUSS	13b. MOTHER'S MAIDEN NAME ANNA GEHLKEN	14. NAME OF HUSBAND OR WIFE *****
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or date of service)	16. SOCIAL SECURITY NO. 489-30-8374	17. INFORMANT'S SIGNATURE OR NAME MISS EVA PREUSS, 1201 W. HARRISON	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 hour.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Hypertension		
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 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 **Mar 23 1954** to **Apr 18, 1954**, that I last saw the deceased alive on **Apr 18, 1954**, and that death occurred at **9:40 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Don J. Silsby MD	23b. ADDRESS Springfield Mo	23c. DATE SIGNED 4-20-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/22/54	24c. NAME OF CEMETERY OR CREMATORY Smithton Cemetery	24d. LOCATION (City, town, or county) (State) Smithton, Missouri
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DATE REC'D BY LOCAL REG. 4-20-54	REGISTRAR'S SIGNATURE L. W. Williams	25. FUNERAL DIRECTOR'S SIGNATURE H. H. Sawyer	ADDRESS Springfield
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 28 19

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.....
Signature of Student Embalmer

Signed.....
[Handwritten Signature]

Licensed Embalmer No. *H.S.*.....

P. O. Address *[Handwritten Address]*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.