

FILED DEC 20 1954

STANDARD CERTIFICATE OF DEATH

State File No. 40587

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 5445 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY Gentry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gentry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Bogle		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Bogle	
c. LENGTH OF STAY (in this place) 60 yrs.		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) Estella		b. (Middle) Carrie	
		c. (Last) Pringle	
4. DATE OF DEATH (Month) (Day) (Year) Nov. 24, 1954			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 19, 1873
9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Grant City, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S.			
13a. FATHER'S NAME William Gibson		13b. MOTHER'S MAIDEN NAME Elizabeth Phillips	
14. NAME OF HUSBAND OR WIFE John Pringle			
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 Elizabeth Kendrick - Albany, Missouri			
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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 0	
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 Hypertrophic, arthritis			
Conditions contributing to the death but not related to the disease or condition causing death. Secondary Anemia			
		Arteriosclerosis, generalized	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201	
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) _____ m.		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 _____, 1950, to 24 Nov., 1954, that I last saw the deceased alive on 24 Nov., 1954, and that death occurred at 8p m., from the causes and on the date stated above.			
23a. SIGNATURE Frank S. Matteson, M. D.		23b. ADDRESS Grant City, Mo	
		23c. DATE SIGNED 11-25-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-26-1954	
24c. NAME OF CEMETERY OR CREMATORY Knox Cemetery		24d. LOCATION (City, town, or county) (State) Gentry County, Missouri	
DATE REC'D BY LOCAL REG. Dec 13-54		REGISTRAR'S SIGNATURE Maudie Williams	
		25. FUNERAL DIRECTOR'S SIGNATURE Bill Dungee - Grant City, Mo	
		ADDRESS _____	

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

APR 2 1956

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 Bill A. Dunfee

Licensed Embalmer No. 46908

P. O. Address Grand 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.