

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7926

FILED MAR 28 1955

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <i>Harrison</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Harrison</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Bethany</i>		c. LENGTH OF STAY (In this place) <i>15 years</i>		c. CITY OR TOWN <i>Bethany</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <i>North 17th St.</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>CLAUD</i> b. (Middle) <i>-</i> c. (Last) <i>PRENTISS</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>March 24, 1955</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Never Married</i>	8. DATE OF BIRTH <i>Dec. 26, 1876</i>	9. AGE (In years last birthday) <i>78</i>	10. MONTHS <i>2</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Proprietor - (retired)</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Retail Grocery store</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Hurdland, Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Jacob H. Prentiss</i>		13b. MOTHER'S MAIDEN NAME <i>Eda M. Armstrong</i>		14. NAME OF HUSBAND OR WIFE <i>Never Married</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Logan Prentiss, Bethany, Mo</i>		
18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Bronchial Asthma</i>	ANTECEDENT CAUSES				
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (b) <i>Senility</i>				
	DUE TO (c)				
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? <i>241 X</i> YES <input type="checkbox"/> NO <input 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 <i>Feb 24, 1955</i> , to <i>Mar 24, 1955</i> , that I last saw the deceased alive on <i>March 24, 1955</i> , and that death occurred at <i>3:30 AM</i> , from the causes and on the date stated above.					
23a. SIGNATURE (Name or title) <i>Ernest L. Wood, D.D.</i>		23b. ADDRESS <i>Bethany, Mo.</i>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>March 26, 1955</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Miriam Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Bethany, Missouri</i>		
DATE REC'D BY LOCAL REG. <i>3/25/55</i>	REGISTRAR'S SIGNATURE <i>Zola Burris</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Clark L. Bontch, Bethany, Mo</i>		

(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.....
Signature of Student Embalmer

Signed *Clark L. Foutch*.....

Licensed Embalmer No. *483*.....

P. O. Address *Bethany*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.