

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3510

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 4115 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN $\frac{1}{2}$ Mi. <u>E. Vanduser, Mo.</u>)		c. LENGTH OF STAY (in this place) <u>- -</u>	c. CITY OR TOWN <u>Sikeston</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>Route # 1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WALTER</u>	b. (Middle) <u>WILLIAM</u>	c. (Last) <u>PRINDLE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 4, 1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Caucasian</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>April 25, 1914</u>	9. AGE (In years last birthday) <u>41</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Near Oran, Scott Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Earnest Prindle</u>	13b. MOTHER'S MAIDEN NAME <u>Ida Pobst</u>	14. NAME OF HUSBAND OR WIFE <u>- -</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Albert Dame, R#1, Sikeston, Mo.</u>	ADDRESS <u>- -</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>± 5 Min.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Basal Skull Fracture</u>		
	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 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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Public Highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Vanduser, (1/2 mi. E.) Scott Mo.</u>	(COUNTY) _____ (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) <u>Jan. 4 1956 9P.</u>	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto Accident Overturned on Curve</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE: <u>Delbert C. Burkholder, M.D. Health Officer</u>	(Degree or title) _____	23b. ADDRESS <u>Benton, Mo</u>	23c. DATE SIGNED <u>1-7-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-7-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Guardian Angel Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Oran, Scott Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-9-56</u>	REGISTRAR'S SIGNATURE <u>Mrs. Ella [Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Nunnelee Funeral Chapel</u>	ADDRESS <u>Sikeston Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 16 1956

DATE RECEIVED _____

SCOTT CO. HEALTH DEPT.

CO. FILE No. 156-15

FEB 6 1956

JAN 16 1956

JAN 31 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 _____
Signature of Student Embalmer

Signed *Philip J. Casady*

Licensed Embalmer No. 4618

P. O. Address Sikeston, M

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.