

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8166

State File No. ....

FILED APR 16 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 406

1. PLACE OF DEATH a. COUNTY <u>Buchanan.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph.</u>	c. LENGTH OF STAY (in this place) <u>4 Mos 20 days</u>	c. CITY OR TOWN <u>Agawney.</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 2.</u>		e. STREET ADDRESS (If rural, give location) <u>0110</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>HERMAN</u>	b. (Middle) <u>-</u>	c. (Last) <u>PRESCHER.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4-8-1956.</u>
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5. SEX <u>Male.</u>	6. COLOR OR RACE <u>white.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married.</u>	8. DATE OF BIRTH <u>2-3-1876.</u>	9. AGE (In years last birthday) <u>80</u> IF UNDER 1 YEAR Months <u>2</u> Days <u>5</u> 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>Buchanan County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Victor Prescher</u>	13b. MOTHER'S MAIDEN NAME <u>Julia Cross.</u>	14. NAME OF HUSBAND OR WIFE <u>Iva Prescher.</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no.</u>	16. SOCIAL SECURITY NO. <u>None.</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Walter H. Prescher St. Joseph Mo. R.R. # 4.</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>March 27, 1956</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio-sclerosis.</u> DUE TO (c) <u>Scurvy with dementia.</u>		
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)	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) m.	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 2-27-, 1956, to 4-8-, 1956, that I last saw the deceased alive on 4-7-, 1956, and that death occurred at 5:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. H. Maroney</u>	23b. ADDRESS <u>M.D. State Hospital No. 2, St. Joseph, Mo.</u>	23c. DATE SIGNED <u>4-8-1956.</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/10/1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Apr 12, 1956</u>	REGISTRAR'S SIGNATURE <u>Walter M. Allison</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Heston - Bowman - St. Joseph, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

85

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 *Richard D. Collins* .....

Licensed Embalmer No. *495* .....  
*319 So. 10th*  
P. O. Address *St. Joseph* .....

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.