

FILED MAY 14 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12582**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **265**

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

1. PLACE OF DEATH a. COUNTY <b>CAPE GIRARDEAU</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>DUNKLIN</b>	
b. CITY OR TOWN <b>CAPE GIRARDEAU</b>		c. CITY OR TOWN <b>KENNETT, Mo.</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>Rt #3. 1 mi. N. WEST KENNETT, Mo</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>SOUTHEAST MISSOURI HOSP</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ARPIE</b> b. (Middle) <b>OLIVIA</b> c. (Last) <b>PRESLAR</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 20 1956</b>		
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>AUG. 13 1878</b>		9. AGE (In years last birthday) <b>77</b>		10. KIND OF BUSINESS OR INDUSTRY <b>HOUSEKEEPING</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>FRISBEE, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		11b. KIND OF BUSINESS OR INDUSTRY <b>HOUSEKEEPING</b>			

13a. FATHER'S NAME <b>C.M. PRITCHARD.</b>		13b. MOTHER'S MAIDEN NAME <b>RACHEL FORSYTHE</b>		14. NAME OF HUSBAND OR WIFE <b>JAMES P. PRESLAR</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Virgil Preslar, Flint, Mich.</b>	
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) <b>Cerebral Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 Day</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arterio sclerosis general</b>			
DUE TO (c) <b>fracture Rt hip March 1956</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>EMbolis Rt iliac ARTERY</b>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <b>332XF</b>	
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) (Min.)		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 **4-16, 1956**, to **4-20, 1956**, that I last saw the deceased alive on **4-20, 1956**, and that death occurred at **11 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Edward D Campbell M.D.</b>		23b. ADDRESS <b>Cape Girardeau Mo</b>		23c. DATE SIGNED <b>May 8 1956</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>4-22-1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>PINE CITY</b>	
24d. LOCATION (City, town, or county) (State) <b>HOLCOMB-RURAL, Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>BALDWIN FUNERAL SERVICE</b> ADDRESS <b>KENNETT Mo.</b>			
DATE REC'D BY LOCAL REG. <b>5-9-56</b>		REGISTRAR'S SIGNATURE <b>O. C. Summers</b>			

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**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 Lyman R. Cunningham

Licensed Embalmer No. 4969

P. O. Address Kenilworth, MD.

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.