

# STANDARD CERTIFICATE OF DEATH

State File No. 21688

FILED SEP 6 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 5774 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>Mercer</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mercer</u>	
b. CITY OR TOWN <u>Ravanna Twp</u>		c. CITY OR TOWN <u>Ravanna Twp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Phoebe</u>	b. (Middle) <u>E.</u>	c. (Last) <u>Prine</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9-2-56</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>1-29-1920</u>	9. AGE (In years last birthday) <u>36</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Putman Co., Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John J. Thompson</u>	13b. MOTHER'S MAIDEN NAME <u>Laura E. Skipper</u>	14. NAME OF HUSBAND OR WIFE <u>Leonard F. Prine</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. (If yes, give war or dates of service) <u>493-14-5761</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Princeton Leonard F. Prine 1003 Grant Mo</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>12 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Operated for brain tumor 2 1/2 yrs ago</u> <u>diagnosed</u> <u>increased intracranial pressure</u> <u>due to (b) pyogenic brain abscess + meningitis</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic conjunctivitis - 10 days</u>		20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

19a. DATE OF OPERATION <u>7-31-54</u>	19b. MAJOR FINDINGS OF OPERATION <u>Polyps</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>223x</u>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>MSB</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	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 July 27, 1956 to Sept 2, 1956, that I last saw the deceased alive on Sept 2, 1956, and that death occurred at 3:32 m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title)	23b. ADDRESS <u>[Address]</u>	23c. DATE SIGNED <u>9/3/56</u>
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24a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) <u>burial</u>	24b. DATE <u>9-5-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Princeton</u>	24d. LOCATION (City, town, or county) (State) <u>Mercer Co, Mo</u>
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DATE REC'D BY LOCAL REG. <u>9-3-56</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Noel Moss</u>	ADDRESS <u>Princeton, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

3930

SEP 7

1956

SEP 7

1956

OCT 23 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 Me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Paul Mass

Licensed Embalmer No. 2684

P. O. Address Quinton, 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.