

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33463**

FILED OCT 29 1956

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **310**

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE MISSOURI b. COUNTY COLE	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN JEFFERSON CITY, MO.	c. LENGTH OF STAY (in this place) 50 Yrs	c. CITY OR TOWN Jefferson City	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 1129 E Mc Carty		e. STREET ADDRESS (If rural, give location) 1129 E Mc Carty	

3. NAME OF DECEASED (Type or Print) a. (First) LENA b. (Middle) _____ c. (Last) PRENGER			4. DATE OF DEATH OCT. 21, 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 21, 1880	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 6 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Taos, Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Ignasious Hoffmeyer		13b. MOTHER'S MAIDEN NAME Agatha Hoffmeyer		14. NAME OF HUSBAND OR WIFE Albert G. Prenger	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Albert G. Prenger J C Mo.		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES DUE TO (b) arteriosclerotic heart disease			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Bed-ridden invalid due to old fractured hip			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4200F			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 **May 24, 1956**, to **October 21, 1956**, that I last saw the deceased alive on **October 21, 1956**, and that death occurred at **4:30 PM**, from the causes and on the date stated above.

23a. SIGNATURE R. P. Morris MD		(Degree or title) MD		23b. ADDRESS Jefferson City, Missouri		23c. DATE SIGNED Oct. 23, '56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/24/56	24c. NAME OF CEMETERY OR CREMATORY Resurrection		24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.			
DATE REC'D BY LOCAL REG. 23 Oct 1956	REGISTRAR'S SIGNATURE R. P. Morris MD - M.P.			25. FUNERAL DIRECTOR'S SIGNATURE Lyndell D. ...		ADDRESS J. C. Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

68-0

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.....
Sylvester D. Miller

Licensed Embalmer No. *4321*

P. O. Address *Jefferson City*

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.