

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 1 - 1957

State File No. 8421

BIRTH MO. \_\_\_\_\_ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY Harrison			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Harrison		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bethany		c. LENGTH OF STAY (In this place) 1 day	c. CITY OR TOWN Bethany 0410		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 Reid Hospital & Clinic					
e. STREET ADDRESS (If rural, give location) 518 South 15th Street					

3. NAME OF DECEASED (Type or Print) EMMA MAY PRENTISS			4. DATE (Month) (Day) (Year) OF DEATH March 26, 1957		
a. (First)		b. (Middle)	c. (Last)		

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 26, 1885	9. AGE (In years last birthday) 71	10. UNDER 1 YEAR Days 4	11. 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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Independence, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Calvin Patterson		13b. MOTHER'S MAIDEN NAME Anna Yenny		14. NAME OF HUSBAND OR WIFE Logan G. Prentiss	
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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) NO		16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME ADDRESS L. G. Prentiss, Bethany, Missouri		
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastatic Carcinoma (pulmonary and cerebral) DUE TO (c) Carcinoma Breast, (right)				INTERVAL BETWEEN ONSET AND DEATH 8 hours  9 months  8 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION 1949	19b. MAJOR FINDINGS OF OPERATION Carcinoma Breast, (type unknown) 170X			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO		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 5/28/56, 19 to 3/26/57, 19, that I last saw the deceased alive on 3/26/57, 19, and that death occurred at 4:05 P.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Ellen Country</i> (Degree or title) D.O., 2		23b. ADDRESS Bethany, Missouri		23c. DATE SIGNED 3/28/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/29/57	24c. NAME OF CEMETERY OR CREMATORY Miriam Cemetery	24d. LOCATION (City, town, or county) (State) Bethany, Missouri	
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DATE REC'D BY LOCAL REG. Mar 29 1957	REGISTRAR'S SIGNATURE Zola Burris		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clark L. South Bethany, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

116-0

FEB 16 1961

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 *Clark L. Foutch*.....

Licensed Embalmer No...4851.

P. O. Address Bethany, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.