

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25121**
Registrar's No. **157**

FILED JUL 31 1957

BIRTH NO. _____ REG. DIST. NO. **157** PRIMARY REG. DIST. NO. **5587**

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) rural-Preston Twsp		c. LENGTH OF STAY (In this place) 10 min	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 highway 71-1 mile N. of Jasper		e. STREET ADDRESS (If rural, give location) 1103 River St	

3. NAME OF DECEASED (Type or Print)	a. (First) LAWRENCE	b. (Middle) NELSON	c. (Last) PRINGLE	4. DATE OF DEATH (Month) (Day) (Year) July 20, 1957
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct 8, 1918	9. AGE (In years last birthday) 38	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) mechanic	10b. KIND OF BUSINESS OR INDUSTRY machinery	11. BIRTHPLACE (City and State or Foreign Country) Lawrenceburg, Missouri	12. CITIZENSHIP OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Wm T. Pringle	13b. MOTHER'S MAIDEN NAME Mary Belle Woody	14. NAME OF HUSBAND OR WIFE Wilma Templeman Pringle
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes	(If yes, give war or dates of service) WW 2	16. SOCIAL SECURITY NO. \$00-05-6982	17. INFORMANT'S SIGNATURE OR NAME Mrs. L.N. Pringle	ADDRESS 1103 River, Carthage
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Compound fracture skull		
ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) fracture compound left tibia	
		DUE TO (c) crush injury chest	
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) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) highway #71	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Preston twp Jasper Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7-20-57 1:45pm	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? collision of 2 trucks
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22. I hereby certify that I attended the deceased from **did not attend**, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **1:45pm**, from the causes and on the date stated above.

23a. SIGNATURE <i>Wm H. Gorman</i>	(Degree or title) Co. MD	23b. ADDRESS Joplin Natl Bank Bldg Joplin, Mo	23c. DATE SIGNED 7-21-57
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24a. BURIAL CREMATION, REMOVAL (Specify) burial	24b. DATE 7-22-1957	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	24d. LOCATION (City, town, or county) (State) Carthage, Mo
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DATE REC'D BY LOCAL REG. 7-24-57	REGISTRAR'S SIGNATURE <i>W H Clinton</i>	25. FUNERAL DIRECTOR'S SIGNATURE Knell Mortuary, Carthage, Mo	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 31 1957

JAN 27 1959

JAN 30 1958

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 Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage,

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.