

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021420

STATE FILE NUMBER

FILED JUL 7 1958 Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Clarkton 0350 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Dunklin County Memorial Hospital		Length of stay in lb 4 days	d. STREET ADDRESS (If outside, give location) Route 1 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last John Robert Prance			4. DATE OF DEATH Month Day Year June 18 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 7, 1893
9. AGE (In years less birthday) 64		IF UNDER 1 YEAR Months Days 11 11	IF UNDER 24 HRS. Hours Min. 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Des Moines, Iowa
13a. FATHER'S NAME J. C. Prance		13b. MOTHER'S MAIDEN NAME Viola May	14. NAME OF HUSBAND OR WIFE Minnie Prance
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. unknown	17. INFORMANT Address Minnie Prance Clarkton, Mo. Route 1
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Emboli			INTERVAL BETWEEN ONSET AND DEATH 1/2 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Multiple fractures left ribs, clavicle + scapulae			4 days
DUE TO (c) 91213			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) fell into combine	
20c. TIME OF INJURY Hour Month, Day, Year a.m. 6-14-58 p.m.			
20d. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home - Farm	20f. CITY, TOWN, OR LOCATION 035 Dunklin COUNTY STATE Mo
21. I attended the deceased from 6-14-58 to 6-18-58 and last saw her/him alive on 6-17-58 Death occurred at 9:00 A.M. 6-18-58 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Paul M. Mittenberger M.D.		22b. ADDRESS Kennett, Mo.	22c. DATE SIGNED 6-21-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 20, 1958	23c. NAME OF CEMETERY OR CREMATORY Stanfield Cemetery	23d. LOCATION (City, town, or county) (State) Clarkton, Missouri
24. FUNERAL DIRECTOR Landess Funeral Home ADDRESS Campbell, Mo.		25. DATE RECD. BY LOCAL REG. June 23-1958	26. REGISTRAR'S SIGNATURE Earl Husband

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

9961 JUN 2 1966

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 6-30-
COUNTY FILE NUMBER 658~

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 *Christine B. Landers*

Licensed Embalmer No. 4227
P. O. Address *Campbell, 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.