

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-024885  
STATE FILE NUMBER 90

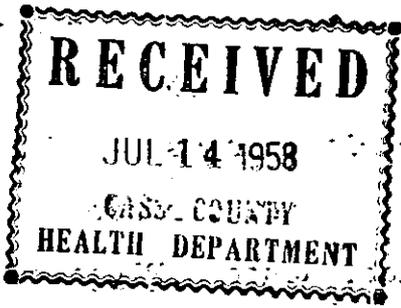
FILED JUL 16 1958 Registration District No. 59 Primary Registration District No. 0218 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY <b>Cass</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Big Creek Twp</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Pleasant Hill</b> 0190 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3 mi E. Raymore</b> Length of stay in lb <b>25 yrs</b>		d. STREET ADDRESS (If outside, give location) <b>Route 4</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Margaretha Freda Prince</b>			4. DATE OF DEATH Month Day Year <b>7-5-58</b>
5. SEX <b>Fe</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>7-20-1882</b>
9a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <b>housewife</b>		9b. KIND OF BUSINESS OR INDUSTRY <b>At home</b>	9c. AGE (In years last birthday) <b>75</b> IF UNDER 1 YEAR Months: Days: Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At home</b>	10c. BIRTHPLACE (City and state or country) <b>Enterprise, Kansas</b>
11. BIRTHPLACE (City and state or country) <b>Enterprise, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Marx Goepfert</b>		13b. MOTHER'S MAIDEN NAME <b>Verna Seiler</b>	
14. NAME OF HUSBAND OR WIFE <b>J.R. Prince</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>J.R. Prince, Route 4, Pleasant Hill, Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>NEPHRITIS</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>CHRONIC - MYOCARDITIS</b> DUE TO (c) <b>4222</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 YEARS</b> <b>3 YEARS</b>
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 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.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from <b>MARCH 1958</b> to <b>JULY 1958</b> and last saw her/him alive on <b>JULY 2ND 1958</b> Death occurred at <b>6-30 P</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>J. C. Bohm MD?</b>		22b. ADDRESS <b>Belton, Mo</b>	
22c. DATE SIGNED <b>7-5-58</b>		23. NAME OF CEMETERY OR CREMATORY <b>Drexel Cemetery</b>	
23a. BURIAL, CREMATION (Specify) <b>Burial</b>		23b. DATE <b>7-6-58</b>	
23c. LOCATION (City, town, or county) <b>Drexel, Missouri</b>		23d. (State)	
24. FUNERAL DIRECTOR ADDRESS <b>E.K. George &amp; Sons Inc, Belton, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>July 7, 1958</b>	
26. REGISTRAR'S SIGNATURE <b>Nora Barwald</b>			

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION



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 *Sterling E. Goddard*

Licensed Embalmer No. *4911*  
P. O. Address *Franklin*

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.