

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029677
STATE FILE NUMBER

FILED AUG 28 1958 Registration District No. 209 Primary Registration District No. 204-3 Registrar's No. 274

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Ill. b. COUNTY Pike	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		c. CITY OR TOWN Hull 8/12/58	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR ST. INSTITUTION St. Elizabeth Hosp.		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb 1 Hr.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last George Addis Praul			4. DATE OF DEATH Month Day Year 8 - 18 - 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 24, 1890	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Operator (Ret)		10b. KIND OF BUSINESS OR INDUSTRY Oil Co.		11. BIRTHPLACE (City and state or country) Nebo, Illinois	
13. FATHER'S NAME George Praul			14. MOTHER'S MAIDEN NAME Ada G. McLaughlin		
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. 349-01-1281		17. INFORMANT Della Praul 1 Address Hull, Illinois	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Basal Skull fracture			INTERVAL BETWEEN ONSET AND DEATH 1 hour		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) 9020 DUE TO (c) 21		
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.) Was painting front porch roof, fell into front yard on head.		
20c. TIME OF INJURY Hour Month, Day, Year 2:15 a.m. 8-18-58					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		20f. CITY, TOWN, OR LOCATION Hull	
				COUNTY STATE Pike Ill	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 3:15 pm _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Henry J. Swartz M.D. Coroner			22b. ADDRESS Hannibal, Mo.		22c. DATE SIGNED 8-18-58

23a. BURIAL, CREMATION, OR REMOVAL (Specify) Removal		23b. DATE 8-21-1958		23c. NAME OF CEMETERY OR CREMATORY Kinderhook Cemetery	
				23d. LOCATION (City, town, or county) (State) Kinderhook, Illinois	
24. FUNERAL DIRECTOR Clarke Funeral Home - Hannibal, Mo.			25. DATE RECD. BY LOCAL REG. 8-19-58		26. REGISTRAR'S SIGNATURE Dr. E. M. Lucke, By W. Fisher

(Licensed Embalmer's Statement on Reverse Side)

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

RECEIVED AUG 27 1957
MARION CO. HEALTH DEPT.
DATE FILED AUG 27 1957

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.....


Licensed Embalmer No. 4217

P. O. Address Hannibal, Mo.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.