

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-043805

STATE FILE NUMBER

FILED DEC 22 1958 Registration District No. 128 Primary Registration District No. 200 Registrar's No. 1219

300
 1-57

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Springfield
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2439 N. Delaware		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 2451 N. Delaware
3. NAME OF DECEASED (Type or print) First Middle Last JOHN E. PRUSSING			4. DATE OF DEATH Month Day Year Dec. 16, 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 14 Jan. 1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Kansas
13a. FATHER'S NAME John Prussing		13b. MOTHER'S MAIDEN NAME (unknown) Viets	14. NAME OF HUSBAND OR WIFE Marian Prussing
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WWI		16. SOCIAL SECURITY NO. 500-40-8958	17. INFORMANT Address Marian Prussing Springfield, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerotic Heart Disease (was 3rd attack in 2 yrs) DUE TO (c) H260			INTERVAL BETWEEN ONSET AND DEATH 2 1/2
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. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT <input type="checkbox"/> WORK AT <input type="checkbox"/> AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Springfield, Missouri	COUNTY STATE
21. I attended the deceased from birth occurred at 3:30 Jan-1957 12-16-58 and last saw xxx him alive on Nov 29 1958 on the date stated above; and to the best of my knowledge, from the causes stated.			
21a. SIGNATURE (Degree or title) Ray D Callaway MD		22b. ADDRESS Springfield, Missouri	22c. DATE SIGNED 12/17/58
23a. BURIAL, CREATION, REMOVAL (Specify) Burial	23b. DATE 12-19-58	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or county) (State) Fort Scott, Kansas
24. FUNERAL DIRECTOR J.W. KLINGNER & CO.		ADDRESS Spfgd. Mo.	25. DATE RECD. BY LOCAL REG. 12-18-58
		26. REGISTRAR'S SIGNATURE Offie G. Melton	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

DEC 22 1958

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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

Mal Rhodes

Licensed Embalmer No. 4091

P. O. Address

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.