. Health,
& Welfare
. Public
h Service

S. 300
. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004973
STATE FILE NUMBER

FILED MAR 3 1959 Registration District No. 93 Primary Registration District No. Registrar's No. 59-20

1. PLACE OF DEATH
a. COUNTY: Dade
b. CITY OR TOWN: Lockwood Mo — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Home — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Dade
c. CITY OR TOWN: Lockwood Mo 0290 — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Emma — Middle: Mani — Last: Pries

4. DATE OF DEATH: Month Feb — Day 23 — Year 1959

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: April 15 1870

9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months 10 Days 8 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): New Minden Ill

12. CITIZEN OF WHAT COUNTRY?: usa

13a. FATHER'S NAME: Fred Pries

13b. MOTHER'S MAIDEN NAME: Frederika Maschoff

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: George VonStrohe Lockwood — Address

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Congestive Heart failure — INTERVAL BETWEEN ONSET AND DEATH: 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): arteriosclerosis — 1 year
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4500

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 2-9-59 to 2-23-59 and last saw ~~her~~ him alive on 2-10-59.
Death occurred at 7:50 on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Elmer W. Taylor M.D.

22b. ADDRESS: 807 Main St Lockwood

22c. DATE SIGNED: 2/25/59.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Feb 25 1959

23c. NAME OF CEMETERY OR CREMATORY: Immanuel Lutheran

23d. LOCATION (City, town, or county) (State): Lockwood Mo

24. FUNERAL DIRECTOR: W.R. Allison — ADDRESS: Greenfield Mo.

25. DATE RECD. BY LOCAL REG.: 2/28/59

26. REGISTRAR'S SIGNATURE: J. C. Canada

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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 W. R. Allison

Licensed Embalmer No. 4404

P. O. Address Memphis Tn

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.