

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-008840

STATE FILE NUMBER

MAR 23 1959

Registration District No. 77

Primary Registration District No. 5305

Registrar's No. 4

300  
1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
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.

1. PLACE OF DEATH a. COUNTY <b>COLE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>COLE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>R R # 3 J C MO.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>R. R. # 3 J C MO.</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>TAOS, MO. LIBERTY TOWNSHIP</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>TAOS, MO. LIBERTY TOWNSHIP</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>PHILOMENA KATHERINE PRENGER</b>			4. DATE OF DEATH Month Day Year <b>MARCH 15, 1959</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>March 4, 1882</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years less birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. <b>77 0 1 1</b>
11. BIRTHPLACE (City and state or country) <b>WARDSVILLE, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>RICHARD BRAUN</b>		13b. MOTHER'S MAIDEN NAME <b>ANNA HANNENKAMP</b>	14. NAME OF HUSBAND OR WIFE <b>BEN J. PRENGER</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT Address <b>BEN J PRENGER R # 3 J C. 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>Coronary Occlusion</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 min</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Hypertension's Cardiovascular disease</b>			
DUE TO (c)			
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. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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	COUNTY STATE
21. I attended the deceased from <b>3/15/59</b> to <b>3/15/59</b> and last saw her alive on <b>3/15/59</b> Death occurred at <b>5:30 PM</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>W Kanagawa M.D.</b>		22b. ADDRESS <b>515 E High St</b>	22c. DATE SIGNED <b>3/17/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>3/18/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Francis Xavier</b>	23d. LOCATION (City, town, or county) (State) <b>Taos, Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Sylvester Spiller J C Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>21 March 1959</b>	26. REGISTRAR'S SIGNATURE <b>R. P. Norris, M.D. MR</b>

MAY - 5 1968

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 *Sylvester Dulle* .....

Licensed Embalmer No. *4374* .....

P. O. Address *Jefferson City* .....

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.