

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018377

STATE FILE NUMBER

FILED MAY 29 1958

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 145

300
1-57

Chas. Carpenter

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Chillicothe</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Chillicothe</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1103 Webster St.</u>		Length of stay in lb <u>8 yrs.</u>	d. STREET ADDRESS (If outside, give location) <u>1103 Webster</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>ANDY</u> Middle <u>PRAGER</u> Last <u>PRAGER</u>			4. DATE OF DEATH Month <u>May</u> Day <u>23</u> Year <u>1959</u>		
-----------------------------------------------------------------------------------------------------	--	--	---------------------------------------------------------------------	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 16, 1873</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
-----------------------	----------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------	----------------------------------------------	--------------------------------------------------	--------------------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>	11. BIRTHPLACE (City and state or country) <u>Livingston Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--------------------------------------------------------------------------------------------------------------	------------------------------------------------------	--------------------------------------------------------------------------	--------------------------------------------

13a. FATHER'S NAME <u>Andrew Prager</u>	13b. MOTHER'S MAIDEN NAME <u>Barbara Kling</u>	14. NAME OF HUSBAND OR WIFE <u>Ollie</u>
--------------------------------------------	---------------------------------------------------	---------------------------------------------

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Miss Elsie Prager, Chillicothe, Mo.</u>	Address
---------------------------------------------------------------------------------------------------------------------------	----------------------------------------	-------------------------------------------------------------	---------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u> <u>Arteriosclerosis</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>15 hrs</u>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--------------------------------------------------------------------

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 Nov 13, 1958 to May 23, 1959 and last saw him alive on May 23, 1959
Death occurred at 7:10 A on the date stated above and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Chas. Carpenter MD</u> (Degree or title)	22b. ADDRESS <u>Chillicothe, Mo.</u>	22c. DATE SIGNED <u>May 25, 1959</u>
---------------------------------------------------------------	-----------------------------------------	-----------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>May 26, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Edgewood cemetery</u>	23d. LOCATION (City, town, or county, State) <u>Chillicothe, Mo.</u>
------------------------------------------------------------	----------------------------------	----------------------------------------------------------------	-------------------------------------------------------------------------

24. FUNERAL DIRECTOR <u>Donald Gordon, Chillicothe, Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>May 12 5 1959</u>	26. REGISTRAR'S SIGNATURE <u>Frances B. Neel</u>
----------------------------------------------------------------	---------	------------------------------------------------------	-----------------------------------------------------

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Arnold Gordon*

Licensed Embalmer No. *4191*
P. O. Address *Chillicothe,*

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.