

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 20 1960

=60-022323

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 344

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Boone	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Length of stay in 1b few days	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Boone County Hospital		d. STREET ADDRESS (if outside, give location) 312 1/2 S. Rollins	
3. NAME OF DECEASED (Type or print) First Oliver Middle Robert Last Pregge		4. DATE OF DEATH Month June Day 12 Year 1960	
5. SEX Male	6. COLOR OR RACE Caucasian	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/10/90
9. AGE (last birthday) 70		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HR Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Druggist		10b. KIND OF BUSINESS OR INDUSTRY Pharmaceutical	11. BIRTHPLACE (City and state or country) Sedalia, Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME John Pregge	
13b. MOTHER'S MAIDEN NAME Anna (unknown)		14. NAME OF HUSBAND, OR WIFE Centralia, Mo. Deceased	
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. 494-07-1781	
17. INFORMANT O.R. Pregge (prearranged Service)		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) Bacterial pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral thrombosis DUE TO (c) Arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 10 days 2 weeks
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) osteoporosis			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N: <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 -	20d. INJURY OCCURRED WHILE AT WORK <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 May 8 - 60 to June 12, 1960 and last saw him alive on June 11, 1960 Death occurred at 3:15 a.m. on the date stated above, and to the best of my knowledge from the causes stated.			
22a. SIGNATURE J. Grayson M.D.		22b. ADDRESS Columbia, Mo.	
22c. DATE SIGNED JUN 13 1960		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 14, '60	23c. NAME OF CEMETERY OR CREMATORY Centralia Cemetery Crown Hill Cemetery	23d. LOCATION (City, town, or county) (State) Centralia, Mo. Sedalia, Missouri
24. FUNERAL DIRECTOR Burr J. Meade Centralia, Missouri		25. DATE RECD. BY LOCAL REG. June 13, 1960	
26. REGISTRAR'S SIGNATURE Mrs R E Palmer			

DOCUMENT

BY AFFIDAVIT OF Funeral Director MEDICAL CERTIFICATION

VS JUL 15 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Billy J. Meadows

Licensed Embalmer No. 4876

P. O. Address Centralia, 7

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