

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

ED VS JAN 3 1967

60-045818

STATE FILE NUMBER

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 147

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bethany</u>		Length of stay in 1b <u>76 yrs</u>		c. CITY OR TOWN <u>Bethany</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>Reid Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>518 S. 15th</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Logan Grimes Prentiss</u>				4. DATE OF DEATH Month Day Year <u>Dec 30 1960</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Cau.</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Feb 25, 1980</u>	9. AGE (last birthday) <u>80</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Insurance Agent (ret)</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Automobile Insurance</u>		11. BIRTHPLACE (City and state or country) <u>Centerville, Iowa</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jacob H. Prentiss</u>			13b. MOTHER'S MAIDEN NAME <u>Ida Armstrong</u>			14. NAME OF HUSBAND OR WIFE <u>Emma Prentiss</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>495-09-6599</u>		17. INFORMANT <u>Mrs Leah Carter</u>			Address <u>218 S. 15th Bethany Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>CONGESTIVE HEART FAILURE</u>							12 HRS	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							6 YEARS	
DUE TO (b) <u>CORONARY HEART DISEASE</u>							20 YEARS	
DUE TO (c) <u>ARTERIOSCLEROTIC HEART DISEASE</u>								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>BRONCHIOGENIC CARCINOMA RIGHT LUNG</u>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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.) <u>-</u>				
20c. TIME OF INJURY Hour a.m. - p.m.		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 <u>1/27/54</u> to <u>12/30/60</u> and last saw <u>him</u> alive on <u>12/30/60</u> Death occurred at <u>8:15</u> A.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>Herbert C. ... D.O.</u>				22b. ADDRESS <u>BETHANY, MISSOURI</u>			22c. DATE SIGNED <u>12/31/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Jan 2, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Miriam Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Bethany Missouri</u>				
24. FUNERAL DIRECTOR <u>W. George ... Bethany, Mo.</u>			ADDRESS	25. DATE RECD. BY LOCAL REG. <u>12-31-1960</u>		26. REGISTRAR'S SIGNATURE <u>Jella Massey</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 30 1961

STATEMENT BY LICENSED EMBALMER

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

or by _____, _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William George Robb

Licensed Embalmer No. 4987

P. O. Address Bethany, Va

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