

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-016580

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 525

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED MAY 29 1961

1. PLACE OF DEATH
 a. COUNTY Buchanan
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph Length of stay in 1b life
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 2720 Sacramento St. Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Buchanan
 c. CITY OR TOWN St. Joseph Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 2720 Sacramento St. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
EDWARD J. PRAWITZ May 20, 1961

5. SEX male 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 1/23/1884 9. AGE (last birthday) 77
 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired photographer 10b. KIND OF BUSINESS OR INDUSTRY Studio 11. BIRTHPLACE (City and state or country) St. Joseph, Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Louis Prawitz 13b. MOTHER'S MAIDEN NAME Lena Von Arx 14. NAME OF HUSBAND OR WIFE Vallene

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. unknown 17. INFORMANT Address Mrs. Vallene Prawitz, 2720 Sacramento St. Joseph, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Cerebro-vascular Insufficiency INTERVAL BETWEEN ONSET AND DEATH 1 hour
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Calcific Aortic Stenosis years
 DUE TO (c) Arteriosclerotic Heart Disease years
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

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 May 20, 1961 to May 20, 1961 and last saw him alive on May 20, 1961
 Death occurred at 1:25 a. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Allen J. Sierman M.D. 22b. ADDRESS 706 Francis St. Joseph, Mo. 22c. DATE SIGNED 5-22-61

23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE 5/23/1961 23c. NAME OF CEMETERY OR CREMATORY Mt. Mora Cemetery 23d. LOCATION (City, town, or county) (State) St. Joseph Missouri

24. FUNERAL DIRECTOR ADDRESS Winston-Bowman, St. Joseph, Mo. 25. DATE RECD. BY LOCAL REG. May 24, 1961 26. REGISTRAR'S SIGNATURE Wm. Clark Goodell

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 510th St

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.