

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-024002

AMENDED Registration District No. 032 Primary Registration District No. \_\_\_\_\_ Registrar's No. 28 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**FILED AUG 8 1961**

1. PLACE OF DEATH  
 a. COUNTY BOLLINGER  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL UNION Length of stay in lb 4 years  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION NEAR PATTON Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE MO. b. COUNTY BOLLINGER  
 c. CITY OR TOWN RURAL Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) NEAR PATTON Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First ROBERT Middle EDWARD Last PRESNELL 4. DATE OF DEATH Month JULY Day 27 Year 1961

5. SEX M. 6. COLOR OR RACE W 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 3-16-1888 9. AGE (last birthday) 73 IF UNDER 1 YEAR Months 4 Days 11 IF UNDER 24 HR Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and state or country) PATTON, MO. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME S. P. PRESNELL 13b. MOTHER'S MAIDEN NAME SARAH BOLLINGER 14. NAME OF HUSBAND OR WIFE CALLIE PRESNELL

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. \_\_\_\_\_ 17. INFORMANT Address Mrs. Callie Presnell, Patton, 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) Coronary occlusion INTERVAL BETWEEN ONSET AND DEATH instant  
 DUE TO (b) \_\_\_\_\_  
 DUE TO (c) \_\_\_\_\_  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
 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 \_\_\_\_\_ to \_\_\_\_\_ and last saw him dead on July 27, 1961  
 Death occurred at: 7:45 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Gene Ward (Degree or title) Coroner Lutesville Mo 22b. ADDRESS \_\_\_\_\_ 22c. DATE SIGNED 7-29-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE July 30, 1961 23c. NAME OF CEMETERY OR CREMATORY Patton Cemetery 23d. LOCATION (City, town, or county) Patton (State) Mo.

24. FUNERAL DIRECTOR Baker Funeral Home, Lutesville ADDRESS \_\_\_\_\_ 25. DATE RECD. BY LOCAL REG. 8/1-61 26. REGISTRAR'S SIGNATURE Mrs. Buford Crader

**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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Luttwille, Mo.

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.