SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-028956
STATE FILE NUMBER

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 805 D

FILED SEP 11 1961

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield, | Length of stay in Ib 1 hour
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Hospital | Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Ash Grove | Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 1½ Mi. Sw Ash Grove | Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Paul Middle Loyd Last Pringle
4. DATE OF DEATH Month August Day 28 Year 1961
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 10-5-1908
9. AGE (last birthday) 52 | 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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Lawrence Co. Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME W. P. Pringle
13b. MOTHER'S MAIDEN NAME Hulda Gilmore
14. NAME OF HUSBAND OR WIFE Ruth E. Pringle
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
17. INFORMANT Address Ruth E. Pringle, Ash Grove, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Subacute myocardial infarction | INTERVAL BETWEEN ONSET AND DEATH 5 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
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 28 Aug, 1961 to 28 Aug 61 and last saw him/her alive on 28 Aug. 1961
Death occurred at 11:00A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Francis M. Maple MD (Degree or title)
22b. ADDRESS Springfield, Mo
22c. DATE SIGNED 5 Sept 61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8-30-1961
23c. NAME OF CEMETERY OR CREMATORY Ash Grove Cemetery
23d. LOCATION (City, town, or county) (State) Ash Grove, Mo.
24. FUNERAL DIRECTOR Brim-Daniel Funeral Service, Inc. ADDRESS Ash Grove, Mo. By: Doyle L. Daniel
25. DATE RECD. BY LOCAL REG. 9-7-61
26. REGISTRAR'S SIGNATURE Effie B. Melton

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 Donavon C Labin, Student Embalmer No. 627 working under my personal supervision.

Student Donavon C Labin
Signature of Student Embalmer

Signed Doyle L. Daniel

Licensed Embalmer No. 702

P.O. Address Ash Grove - M

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.