

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER **61-244015**

	Registration District No. 77	Primary Registration District No. 3016	Registrar's No. 384			
AMENDED	FILED DEC 29 1961					
DATE AMENDED	1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole			
	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City, Mo.		c. CITY OR TOWN Jefferson City, Mo.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
	c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Marys Hospital		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 300 301 W Elm		
INSTEAD OF DOCUMENT	3. NAME OF DECEASED (Type or print) First INFANT Middle PRENGER Last PRENGER			4. DATE OF DEATH Month DEC Day 23 Year 1961		
	5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Dec. 23, 1961	9. AGE (last birthday) IF UNDER 1 YEAR: Months 0 Days 0 Hours 7 Min. IF UNDER 24 HR	
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Jefferson City, Mo. USA	12. CITIZEN OF WHAT COUNTRY USA	
MEDICAL CERTIFICATION	13a. FATHER'S NAME Alfred Prenger		13b. MOTHER'S MAIDEN NAME Norma Louise Wuelser		14. NAME OF HUSBAND OR WIFE None	
	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. None	17. INFORMANT Address Alfred Prenger J C 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) abnormality DUE TO (b) Premature labor & delivery DUE TO (c) (27 wks. Gestation) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) (Rupture marginal sinus of placenta)				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	
BY AFFIDAVIT OF	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.)	
	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
ITEM NO. SHOULD READ	21. I attended the deceased from Dec 23, '61 to Dec 23, '61 and last saw ^{her} him alive on Dec 23, '61 Death occurred at 8 AM on the date stated above, and to the best of my knowledge, from the causes stated.					
	22a. SIGNATURE (Name or title) W Donald Skell M.D.		22b. ADDRESS 521 E. High, Jefferson City Mo.		22c. DATE SIGNED Dec 23, '61	
	23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/23/61	23c. NAME OF CEMETERY OR CREMATORY Resurrection		23d. LOCATION (City, town, or county) (State) Jefferson City, Mo.
24. FUNERAL DIRECTOR Walter Rulle J C Mo.		25. DATE RECD. BY LOCAL REG. 27 December 1961		26. REGISTRAR'S SIGNATURE R. P. Harris, M.D. - Registrar, Dep.		

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 _____

Licensed Embalmer No. 4321

P. O. Address Jefferson City

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.