SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

MENT OF PUBLIC HEALTH AND WELFARE

-61-047581
STATE FILE NUMBER

AMENDED

Registration District No. 356 Primary Registration District No. 4521 Registrar's No. 3

FILED JAN 10 1962

DATE AMENDED | INSTEAD OF | DOCUMENT | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Texas
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Houston
Length of stay in 1b: 2 wks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Texas Co. Memorial
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Douglas
c. CITY OR TOWN: Ava
Inside Limits: Yes ☐ No ☐*
d. STREET ADDRESS (If outside, give location): Route 2,
Reside on Farm: Yes ☐ No ☒*

3. NAME OF DECEASED (Type or print): First Norma E. Middle Last Prieskorn

4. DATE OF DEATH: Month Day Year: Dec. 31, 1961

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1-23-94
9. AGE (last birthday): 67
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (City and state or country): Flat River, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: William Cummings
13b. MOTHER'S MAIDEN NAME: Sarah Huff
14. NAME OF HUSBAND OR WIFE: Walter J. Prieskorn

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: Walter J. Prieskorn, R.2, Ava, 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): CARCINOMATOSIS, GENERALIZED — INTERVAL BETWEEN ONSET AND DEATH: 4 MONTHS?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): CARCINOMA OF OVARY — UNKNOWN
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 _____ to 12-31-61 and last saw her alive on 12-30-61
Death occurred at 1:15 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W. E. Prieskorn, M D
22b. ADDRESS: Houston, Mo
22c. DATE SIGNED: 1-2-62.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-1-62
23c. NAME OF CEMETERY OR CREMATORY: Dyer
23d. LOCATION (City, town, or county) (State): Basher, Missouri

24. FUNERAL DIRECTOR ADDRESS: Clinkingbeard Funeral Home, Ava, Mo.
25. DATE RECD. BY LOCAL REG.: 1-4-62
26. REGISTRAR'S SIGNATURE: Myrtle Craig x c d

(Licensed Embalmer's Statement on Reverse Side)

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 Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Ava, 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.