

FILED MAY 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11785

State File No.

BIRTH NO. _____ REG. DIST. NO. 58 PRIMARY REG. DIST. NO. 5214 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Carter</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Carter</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ellsmore</u>	c. LENGTH OF STAY (in this place) <u>2 1/2</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ellsmore</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>own home</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ward</u> b. (Middle) <u>Pritchett</u> c. (Last) <u>Grace</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4 29 49</u>		
5. SEX <u>mo</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov 18 1890</u>		9. AGE (In years last birthday) <u>58</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life (even if retired)) <u>retired switchman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>railroad</u>	11. BIRTHPLACE (State or foreign country) <u>Slaughters Ky.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Sam Grace</u>		13b. MOTHER'S MAIDEN NAME <u>Effie Thompson</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Grace</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>760-14-7500</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Grace</u>	
				ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) <u>heart failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4341</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause lost. <u>died while asleep</u>		
	DUE TO (b) DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from no medical attention, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Seaton Perwith 3 cor</u>		23b. ADDRESS <u>Van Buren, Mo</u>		23c. DATE SIGNED <u>5-1-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-2-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rebo Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Madisonville Ky</u>	
DATE REC'D BY LOCAL REG <u>May 1st</u>	REGISTRAR'S SIGNATURE <u>Mrs Octa Henson</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

18000

RECEIVED

District Health Officer No. -5,

District File Number 549.353

Date Filed 5-6-49

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.

Signed Seaton Pruitt.....

Signed.....
Student Embalmer

Licensed Embalmer No. 2287.....

P. O. Address van Buren.....

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 this body is not embalmed, fact should be so stated above.