

FILED SEP 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32715**

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

BIRTH NO. <u> </u>		REG. DIST. NO. <u>326</u>		PRIMARY REG. DIST. NO. <u>6128</u>		Registrar's No. <u>29</u>			
1. PLACE OF DEATH a. COUNTY Shannon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Shannon					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eminence, Mo		c. LENGTH OF STAY (in this place) <u> </u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eminence, Mo		d. STREET ADDRESS (If rural, give location) <u> </u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION No									
3. NAME OF DECEASED (Type or Print) George Pritchett			a. (First)			b. (Middle)			
c. (Last)			4. DATE OF DEATH Aug 26 1949			(Month) (Day) (Year)			
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 17, 1867			
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months Days		IF UNDER 4 HRS. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY <u> </u>			11. BIRTHPLACE (State or foreign country) Missouri			
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Not Known			13b. MOTHER'S MAIDEN NAME Linda Goforth			
14. NAME OF HUSBAND OR WIFE Betty Pritchett			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. No			
17. INFORMANT'S SIGNATURE OR NAME Betty Pritchett			ADDRESS Eminence, Mo						
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mitral Stenosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Vegetation in Valves</u> DUE TO (c) <u>Endocarditis</u>				INTERVAL BETWEEN ONSET AND DEATH 42/4	
19a. DATE OF OPERATION <u> </u>		19b. MAJOR FINDINGS OF OPERATION <u> </u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u> </u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u> </u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u> </u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u> </u>					
22. I hereby certify that I attended the deceased from <u>8-7-49</u> to <u>8-20-49</u> , that I last saw the deceased alive on <u>8-20-49</u> and that death occurred at <u> </u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>William Newman</u> (Degree or title)				23b. ADDRESS <u>Wellington, Mo</u>		23c. DATE SIGNED <u>9-2-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 28, 49		24c. NAME OF CEMETERY OR CREMATORY Alley Cem		24d. LOCATION (City, town, or county) (State) Alley Springs Mo			
DATE REC'D BY LOCAL REG. 9-16-49		REGISTRAR'S SIGNATURE <u>Edna R. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE None		ADDRESS <u> </u>			

RECEIVED 9/19/49

District Health Officer No. 5,

District File Number 949623

Date Filed 9/22/49

SEP 4 1957

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

[Handwritten Signature]
Signed.....
Licensed Embalmer No.....

P. O. Address.....

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.