

FILED APR 11 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11218**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **322** PRIMARY REG. DIST. NO. **6091** Registrar's No. **12**

**1. PLACE OF DEATH**  
a. COUNTY **Saline**  
b. CITY (If outside corporate limits, write RURAL and give township) **Rural Saline Twp**  
c. LENGTH OF STAY (in this place) **15 yrs**  
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **Unidentified city of Saline**

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).  
a. STATE **Missouri** b. COUNTY **Saline**  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Rural Saline Twp**  
d. STREET ADDRESS (If rural, give location) **0970**

**3. NAME OF DECEASED**  
a. (First) **LORA** b. (Middle) **Pritchard** c. (Last) **Pritchard**  
4. DATE OF DEATH (Month) (Day) (Year) **April 7 1951**

**5. SEX** **Female** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **never married** **8. DATE OF BIRTH** **Oct. 26, 1871** **9. AGE** (In years last birthday) **79** **10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) **house keeper** **10b. KIND OF BUSINESS OR INDUSTRY** **none** **11. BIRTHPLACE** (State or foreign country) **Missouri** **12. CITIZEN OF WHAT COUNTRY?** **U.S.A.**

**13a. FATHER'S NAME** **Dewitt Pritchard** **13b. MOTHER'S MAIDEN NAME** **Lena Smith** **14. NAME OF HUSBAND OR WIFE** **none**

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) **no** (If yes, give war or dates of service) **16. SOCIAL SECURITY NO.** **None** **17. INFORMANT'S SIGNATURE OR NAME** **Adelia Pritchard** **ADDRESS** **MARSHALL MO**

**18. CAUSE OF DEATH**  
Enter only one cause per line for (a), (b), and (c)  
**1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) **Chronic myocarditis**  
**ANTECEDENT CAUSES**  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) **Hypertensive cardiovascular disease**  
DUE TO (c) **cerebral apoplexy**  
**II. OTHER SIGNIFICANT CONDITIONS**  
Conditions contributing to the death but not related to the disease or condition causing death. **3+ yrs**

**19a. DATE OF OPERATION** \_\_\_\_\_ **19b. MAJOR FINDINGS OF OPERATION** **443X** **20. AUTOPSY?** YES  NO

**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  NOT WHILE AT WORK  **21f. HOW DID INJURY OCCUR?** \_\_\_\_\_

**22. I hereby certify that I attended the deceased from** **Aug 1879**, to **6 Apr 1951**, that I last saw the deceased alive on **6 Apr 1951**, and that death occurred at **2:30 p.m.**, from the causes and on the date stated above.

**23a. SIGNATURE** (Degree or title) **Ralph H Jones M.D.** **23b. ADDRESS** **Sweet Springs, Mo** **23c. DATE SIGNED** **7 April 1951**

**24a. BURIAL, CREMATION, REMOVAL (Specify)** **BURIAL** **24b. DATE** **Apr 9, 1951** **24c. NAME OF CEMETERY OR CREMATORY** **Fairview Cemetery** **24d. LOCATION** (City, town, or county) (State) **Sweet Springs Mo**

**DATE REC'D BY LOCAL REG.** **4/7/51** **REGISTRAR'S SIGNATURE** **Dolly Anderson** **293** **25. FUNERAL DIRECTOR'S SIGNATURE** **Edgar L. Moseley** **ADDRESS** **Sweet Springs Mo**

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

970/1

**RECEIVED** 4-10-51  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed 4-10-51 \_\_\_\_\_

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**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 \_\_\_\_\_  
Student Embalmer

Signed Edgar Mosley  
Licensed Embalmer No. 4711

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.