

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43264**
11534

FILED JAN 16 1952

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. _____

BIRTH NO. _____

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY D 481	
b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS, MISSOURI		c. CITY (If outside corporate limits, write RURAL and give township) OR Kansas City	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 578 Arlington avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) JEAN	b. (Middle) P.	c. (Last) PRITCHETT	4. DATE OF DEATH (Month) (Day) (Year) 12 23 51
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug 24, 1896	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 12 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Hartford Pinkston	13b. MOTHER'S MAIDEN NAME Ada Bell	14. NAME OF HUSBAND OR WIFE Gordon Pritchett
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none	17. INFORMANT'S SIGNATURE OR NAME Gordon Pritchett, Kansas City, Mo.	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 MONTHS
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) RIGHT CEREBRAL VASCULAR ACCIDENT		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 33. AX
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22. I hereby certify that I attended the deceased from 12/19, 1951, to 12/23, 1951, that I last saw the deceased alive on 12/23, 1951, and that death occurred at 6:45 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) FR Bradley D M.D.	23b. ADDRESS BARNES HOSPITAL	23c. DATE SIGNED 12/24/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 12-24-51	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Independence, Mo.
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DATE REC'D BY LOCAL REG. DEC 27 1951	REGISTRAR'S SIGNATURE Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service	ADDRESS
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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.....



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.