

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10.48

192  
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WED MAR 19 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 3C

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY OR TOWN <u>Webb City</u>		c. CITY OR TOWN <u>Webb City</u>	
c. LENGTH OF STAY (in this place) <u>44 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>927 West 2nd Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>927 West 2nd Street</u>			

3. NAME OF DECEASED (Type or Print) <u>PAUL</u>	a. (First) <u>L.</u>	b. (Middle) <u>FRITCHETT</u>	c. (Last) <u>FRITCHETT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 13, 1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>August 7, 1882</u>	9. AGE (in years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>8</u>	IF UNDER 12 HRS. Days <u>7</u>	IF UNDER 12 HRS. Hours <u>7</u>	IF UNDER 12 HRS. Mib.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Physician MD</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Physician MD</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Joseph Pritchett</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Jane Johnston</u>	14. NAME OF HUSBAND OR WIFE <u>Thannie Pritchett</u>
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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.	17. INFORMANT'S SIGNATURE OR NAME <u>Thannie V. Pritchett</u>	ADDRESS <u>Webb City, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiovascular Renal Disease</u>		<u>3 years</u>
	ANTECEDENT CAUSES Morbid 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 <u>442X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Oct 1948, to Mch 13, 1952, that I last saw the deceased alive on Mch 13, 1952, and that death occurred at 11:4 Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>R. M. Stormoak M.D.</u>	(Degree or title)	23b. ADDRESS <u>Webb City Mo</u>	23c. DATE SIGNED <u>3/13/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 15, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial Com</u>	24d. LOCATION (City, town, or county) (State) <u>Joplin, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>3-14-52</u>	REGISTRAR'S SIGNATURE <u>John Lewis (deputy)</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hedge Lewis</u>	ADDRESS <u>Webb City, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

3-18-52

Jasper County Health Office

County File Number 52/3/215

Date Filed 3-18-52

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 Richard Gray Lewis

Licensed Embalmer No. 4445

P. O. Address Webb City 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 this body is not embalmed, fact should be so stated above.