

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

10039

State File No.

3. No. 200
v. 10. 48
FILED MAR 27 1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1311</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>41 yrs.</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8606 INDEP AVE</u>				e. STREET ADDRESS (If rural, give location) <u>8606 INDEP. AVE. 58</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u>			b. (Middle) <u>W. PRITCHARD</u>		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>2 28 53</u>		
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>4/1/1891</u>		9. AGE (In years last birthday) <u>71</u> IF UNDER YEAR Months Days IF UNDER HOURS Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Sheffield Steel Sulphur Springs Ark</u>			11. BIRTHPLACE (City and State or Foreign Country) _____		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Pritchard</u>			13b. MOTHER'S MAIDEN NAME <u>May Harris</u>			14. NAME OF HUSBAND OR WIFE <u>May P. Pritchard</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>440-24-3560A</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. May P. Pritchard 8606 INDEP. AVE.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerotic Heart Disease</u> DUE TO (c) <u>Generalized Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>H20</u>						INTERNAL BETWEEN ONSET AND 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 <u>8/19</u> , 19 <u>49</u> , to <u>2/28</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>2/28</u> , 19 <u>53</u> , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Paul A. G. Johnson</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>3011 R. Lindber Ave.</u>		23c. DATE SIGNED <u>2/2/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/2/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mc. Washington</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>			
DATE REC'D BY LOCAL REG. <u>3-4-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		FUNERAL DIRECTOR'S SIGNATURE <u>John P. Shiel</u>		ADDRESS <u>J. C. Mo.</u>			

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

APR 10 1958

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
Signature of Student Embalmer

Signed *Richard C. Carroll*

Licensed Embalmer No. *4829*

P. O. Address *R. C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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