

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 27436

FILED JUL 27 1953

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4499 Registrar's No. 68

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| 1. PLACE OF DEATH a. COUNTY <u>Shelby county</u> | | 2. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Shelbina, Mo.</u> | | c. LENGTH OF STAY (in this place) <u>3 Yrs.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Shelbina, Mo.</u> | |
| | | d. STREET ADDRESS (If rural, give location) <u>X</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>FREDA</u> b. (Middle) <u>B.</u> c. (Last) <u>PRITCHARD</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>7-17-1953</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>11-18-1887</u> | 9. AGE (In years last birthday) <u>65</u> | 10. MONTHS <u>7</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u> | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | | 12. CITIZENRY OF WHAT COUNTRY? <u>USA</u> |

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| 13a. FATHER'S NAME <u>Sam Dickson</u> | | 13b. MOTHER'S MAIDEN NAME <u>Helen Bilbro</u> | | 14. NAME OF HUSBAND OR WIFE <u>Tyson Pritchard</u> | |
| 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. <u>X</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Tyson Pritchard, Shelbina, 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Caused by Lung</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>Jan 1952</u> | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Generalized metastases of lymphatic nodes</u> | | DUE TO (b) | | | |
| DUE TO (c) | | DUE TO (c) | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |

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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>163X</u> | | 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 checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |

22. I hereby certify that I attended the deceased from Jan 7, 1952, to July 17, 1953, that I last saw the deceased alive on July 16, 1953, and that death occurred at 5:25 A.M., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Gladys Barner</u> | | (Degree or title) | | 23b. ADDRESS <u>Shelbina, Mo.</u> | |
| 23c. DATE SIGNED <u>Jan 20, 1953</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>7-19-1953</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Crooked Creek Bemt</u> | | 24d. LOCATION (City, town, or county) <u>Monroe Co., Mo.</u> | | (State) | |

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| DATE REC'D BY LOCAL REG. <u>July 21-53</u> | | REGISTRAR'S SIGNATURE <u>Ada Garrison</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Barkelaw-Hawkins, Shelbina, Mo.</u> | |
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(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed.....
Student Embalmer

Signed Cliff Hawkins
Student Embalmer No.....

Licensed Embalmer No. 349 F

P. O. Address Shelby Ms

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.