

FILED JUL 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18335

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 5209 Registrar's No. 51

1. PLACE OF DEATH
a. COUNTY CLAY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY CLAY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-GALLATON
c. LENGTH OF STAY (In this place) 54 YEARS

c. CITY OR TOWN N. KANSAS CITY
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) EAST OF RANDOLPH MO

STREET ADDRESS (If rural, give location) ROUTE # 5

3. NAME OF DECEASED (Type or Print)
a. (First) EARL
b. (Middle) LE ROY
c. (Last) PRITCHARD

4. DATE OF DEATH (Month) (Day) (Year)
JULY 7 1954

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED

8. DATE OF BIRTH SEPT 24 1880
9. AGE (In years last birthday) 73
IF UNDER 1 YEAR: Months _____ Days _____
IF UNDER 14 HRS.: Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or Foreign Country) DENVER COLO

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME CHARLEST PRITCHARD

13b. MOTHER'S MAIDEN NAME _____

14. NAME OF HUSBAND OR WIFE (DECEASED) LELIA PRITCHARD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. NO

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
CHARLES R PRITCHARD

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4201

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) (Min.)

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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 530 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D.S. Pate, MD (Coroner)

23b. ADDRESS Wash. Kansas Co Mo.

23c. DATE SIGNED 7/7/54

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 7-10-54

24c. NAME OF CEMETERY OR CREMATORY FOREST HILL

24d. LOCATION (City, town, or county) (State) KANSAS CITY MO

DATE REC'D BY LOCAL REG. 7-10-54

REGISTRAR'S SIGNATURE Marquette Judgers 4 14

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.W. Newcomer's N.K.C. Mo.

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Glenn H. Hill*.....

Licensed Embalmer No. *458*

P. O. Address *K.C. 16, 7*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.