FILED NOV 3 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34126

BIRTH NO. _____ REG. DIST. NO. 228 PRIMARY REG. DIST. NO. 4341 Registrar's No. 26

1. PLACE OF DEATH
a. COUNTY: Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bellflower
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Own Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Montgomery
c. CITY OR TOWN: Bellflower
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 8700

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Jessie Myrtle Pritchett

4. DATE OF DEATH (Month) (Day) (Year): Oct 25 1955

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1878 April 17
9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hiusewife
10b. KIND OF BUSINESS OR INDUSTRY: General duties
11. BIRTHPLACE (City and State or Foreign Country): Pike Co Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Slade A Hudson
13b. MOTHER'S MAIDEN NAME: Adeline Mabry
14. NAME OF HUSBAND OR WIFE: Casper Pritchett
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Casper Pritchett Bellflower Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDIAL - DECOMPENSATION — INTERVAL BETWEEN ONSET AND DEATH: 3 DAYS

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) CHRONIC PARENCHYMATOUS NEPHRITIS. — 14 YRS

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 592X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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) m.
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* 4-18, 19 54, *to* Oct. 25, 19 55, *that I last saw the deceased alive on* Oct 25, 19 55, *and that death occurred at* 11:39 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A H Van Ausdale MD
23b. ADDRESS: Montgomery City
23c. DATE SIGNED: 10-26-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 28 1955
24c. NAME OF CEMETERY OR CREMATORY: Bellflower
24d. LOCATION (City, town, or county) (State): Bellflower Mo.

DATE REC'D BY LOCAL REG.: Oct. 30/55
REGISTRAR'S SIGNATURE: Mrs May Miller
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Wand A. Jones Bellflower Mo

(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 emba

by me, or by .....Me....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed....Ol and L Jones.....

Licensed Embalmer No. 297

P. O. Address Bellflow

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