

No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40130

FILED DEC 19 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 108 PRIMARY REG. DIST. NO. 5420 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Holcomb Twp.</u>		c. CITY OR TOWN <u>Rural-Holcomb Twp.</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>Life</u>		e. STREET ADDRESS (If rural, give location) <u>Holcomb Mol Rt. 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home (Frisbee)</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>THOMAS</u>	b. (Middle) <u>ERVIN</u>	c. (Last) <u>PRITCHARD</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>December 3, 1955</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>Jan. 30, 1872</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>3</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming & Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Holcomb, Mo. Rte. 1</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Charles M. Pritchard</u>	13b. MOTHER'S MAIDEN NAME <u>Rachel Forsythe</u>	14. NAME OF HUSBAND OR WIFE <u>Nora Pritchard</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. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ruth McDowell, Campbell, Mo</u>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation</u>		
	II. OTHER SIGNIFICANT CONDITIONS <u>44 3x</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.		DUE TO (b) <u>Hypertension - arteriosclerosis 10 yrs</u>	
DUE TO (c)			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	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 ad, 1954, to Dec, 1955, that I last saw the deceased alive on Dec 2, 195, and that death occurred at 8 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Chester R. Peck M.D.</u> (Degree or title)	23b. ADDRESS <u>Kennett, Mo.</u>	23c. DATE SIGNED <u>Dec 6, 1955</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 5, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pine City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Holcomb, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>12-10-55</u>	REGISTRAR'S SIGNATURE <u>J. Anderson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Landess Funeral Home</u> ADDRESS <u>Holcomb, Mo</u>
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RECEIVED DUNKLIN COUNTY: ..
DEPARTMENT12-14-55
COUNTY FILE NUMBER 1255-3

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.....*Christina M. Landes*.....

Licensed Embalmer No. 42

P. O. Address *Campbell*.....

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.