

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 022075
State File No.

FILED JUN 24 1957

BIRTH NO. REG. DIST. NO. 122 PRIMARY REG. DIST. NO. 5907 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>Permiest</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Steele</u> c. LENGTH OF STAY (in this place) <u>43</u>		c. CITY OR TOWN <u>Steele</u>	d. Is Residence in the city of _____ and town of _____
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Colin Hosp</u>		e. STREET ADDRESS <u>0780</u> (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lucy</u> b. (Middle) <u>L</u> c. (Last) <u>Pritchard</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6-13-57</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>3-13-1869</u>	9. AGE (In years last birthday) <u>88</u> Months <u>2</u> Days <u>0</u>	IF UNDER 1 YEAR IF UNDER 1 MRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home work</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Carroll Co Tenn</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Leon Perich</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE
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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.	17. INFORMANT'S SIGNATURE OR NAME <u>Rupert Pritchard</u>	ADDRESS <u>Steele 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Heart Disease</u>		<u>5 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gen-Arteriosclerosis</u>		<u>10 yrs</u>
	DUE TO (c) <u>Senile Degen.</u>		<u>10 yrs</u>
	II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral Thrombosis</u>		<u>7 yrs</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4221</u>	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" 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 6/13/1957, to 6/13/1957, that I last saw the deceased alive on 6/13/1957 and that death occurred at 7:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. L. Taylor</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Steele Mo</u>	23c. DATE SIGNED <u>6/13/57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-13-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Nelly</u>	24d. LOCATION (City, town, or county) (State) <u>Steele Mo</u>
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DATE REC'D BY LOCAL REG. <u>6-24-57</u>	REGISTRAR'S SIGNATURE <u>Edgar A. Bridge</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman Indt Co</u>	ADDRESS <u>Steele Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

6-158-57

JUN 30 1957

DEPT. OF HEALTH DEPARTMENT
COURT HOUSE PHONE 79
RUTHERSVILLE, MO.

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.....

Licensed Embalmer No. 435

P. O. Address Hayti, 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.