

pt. Health,
c. & Welfare
S. Public
Health Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39430
STATE FILE NUMBER
636
Registrar's No.

FILED NOV 20 1957

Registration District No. 43 Primary Registration District No. 5143

S. 300
ev. 1-57

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff Township		c. CITY OR TOWN Brosley,	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) Morocco Community	
3. NAME OF DECEASED First James Middle Fritchett Last Fritchett		4. DATE OF DEATH Month Nov. Day 6 Year 1957	
5. SEX male	6. COLOR OR RACE negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 18, 1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (In years last birthday) 71
11. BIRTHPLACE (City and state or country) Greenwood, Miss		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Cidney Pritchett		13b. MOTHER'S MAIDEN NAME Mary Dr. Knoun	14. NAME OF HUSBAND OR WIFE Mrs. Sarah Pritchett
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.	
17. INFORMANT Mrs. Sarah Pritchett Brosley, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute cardiac failure			INTERVAL BETWEEN ONSET AND DEATH 3 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardiac hypertrophy			3 months
DUE TO (c) Hypertension			1 year
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY .Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Nov. 2, 1957 to Nov. 4, 1957 and last saw her alive on Nov. 4, 1957 Death occurred at 9:20 p. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Name or title) W.L. Brandon, M.D.		22b. ADDRESS 1124 N. Main Poplar Bluff, Missouri	22c. DATE SIGNED 11-9-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 14-57	23c. NAME OF CEMETERY OR CREMATORY Morocco Cemetary	23d. LOCATION (City, town, county) (State) Butler, Missouri
24. FUNERAL DIRECTOR Peoples Funeral Home, Poplar Bluff Mo.		25. DATE RECD. BY LOCAL REG. 11/11/57	26. REGISTRAR'S SIGNATURE B. H. Muehle

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

489
0

RECEIVED

NOV 18 1957
BUTLER CO. HEALTH CENTER

FILE No. _____

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 *Judy J. Smith*

Licensed Embalmer No. *4408*
P. O. Address *Selkirk, 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.