Health,
& Welfare
Public
Service
900
S. 300
1-56

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 58-026626

FILED JUL 8 1958 Registration District No. 394 Primary Registration District No. 6027 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Reynolds
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jackson Twnp — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Own Home — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Reynolds
c. CITY OR TOWN Jackson Twnp — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 6 Mi South of Corridon — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Joshua Middle: - Last: Pritchett

4. DATE OF DEATH Month: July Day: 1 Year: 1958

5. SEX Male

6. COLOR OR RACE White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH Feb 21, 1875

9. AGE (In years last birthday) 83 — IF UNDER 1 YEAR: Months 4, Days 10 — IF UNDER 24 HRS.: Hours, Min.

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

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (City and state or country) Reynolds County, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Levi Pritchett

14. MOTHER'S MAIDEN NAME Emaline Jordan

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 Address: Pearl Pritchett, Corridon, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Hydrochloric Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Uremia — 9 days

DUE TO (c) Prostate Hypertrophy Prob. Carcinoma — 8 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 177X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 1950, to July 1/58 and last saw her/him alive on June 26/58. Death occurred at 11.45 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Kenneth T Carter (Degree or title) MD

22b. ADDRESS Ellington, Missouri

22c. DATE SIGNED July 4/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE July 4, 1958

23c. NAME OF CEMETERY OR CREMATORY Sutterfield, Cemetery

23d. LOCATION (City, town, or county) (State) Reynolds County, Mo.

24. FUNERAL DIRECTOR Chas S. Pruitt ADDRESS Ellington Mo

25. DATE RECD. BY LOCAL REG. 7-8-58

26. REGISTRAR'S SIGNATURE Thomas C Dunlap

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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Received 7-7-58
Reynolds County Health Cen
File No. 758-15

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x

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Chas. S. Pruitt

Licensed Embalmer No 457

P. O. Address Ellington

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