

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-016533

STATE FILE NUMBER

FILED VS APR 26 1960

Registration District No. 316 Primary Registration District No. 3061 Registrar's No. 127

INDEXED

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Flat River, Mo</u>		Length of stay in 1b <u>40 yrs</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>at his home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		d. STREET ADDRESS (If outside, give location) <u>308 Crane Street</u>	
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Frank</u> Middle <u>Milton</u> Last <u>Pritchett</u>			4. DATE OF DEATH Month <u>April</u> Day <u>21</u> Year <u>1960</u>				
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11/25/82</u>	9. AGE (last birthday) <u>77</u>	IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>mining</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>lead mining</u>		11. BIRTHPLACE (City and state or country) <u>Doe Run, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>James Thomas Pritchett</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Mitchell</u>		14. NAME OF HUSBAND OR WIFE <u>Lillie Belle Allen</u>			

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>494-07-5805</u>		17. INFORMANT <u>wife</u> Address <u>Flat River, Mo.</u>			
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>		
IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis</u>				
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Arteriosclerotic Heart Disease</u>		
		DUE TO (c) <u>Senility</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? 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 <u>X</u> Month, Day, Year				

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT 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 <u>1958</u> to <u>Apr 21, 1960</u> and last saw him alive on <u>Apr. 14, 1960</u> Death occurred at <u>5 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <u>R. A. Heckstip M.D.</u>		22b. ADDRESS <u>Farmington Mo</u>		22c. DATE SIGNED <u>4/23/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>April 24, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Francois Memorial</u>		23d. LOCATION (city, town, or county) (State) <u>St. Francois Co, Mo</u>	
24. FUNERAL DIRECTOR <u>Alvin W. Hood</u> Address <u>303 Crane St. Flat River, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Apr. 23, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Esther Rulloff</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 26 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Robert W. Hood

Licensed Embalmer No. 2780

P. O. Address Flat River

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.