ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ARTMENT OF PUBLIC HEALTH AND WELFARE

-61-020403
STATE FILE NUMBER

AMENDED

Registration District No. 1-0-1961 38 Primary Registration District No. 3006 Registrar's No. 422

FILED JUL 10 1961

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia — Length of stay in 1b: 5 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Univ. of Mo. Medical Center — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Worth
c. CITY OR TOWN Grant City — Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) Rt. 2 — Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First Connie Middle Sue Last Pritchett
4. DATE OF DEATH: Month July Day 3 Year 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6-11-61
9. AGE (last birthday): IF UNDER 1 YEAR Months Days 23; IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minor
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Albany, Mo.
12. CITIZEN OF WHAT COUNTRY: United States
13a. FATHER'S NAME: Emery Pritchett
13b. MOTHER'S MAIDEN NAME: Marlyn Richmond
14. NAME OF HUSBAND OR WIFE: None
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: Patients Chart. Univ. of Mo. Med. Center — Address

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) ANOXIA — INTERVAL BETWEEN ONSET AND DEATH: 5 MIN
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) TRANSposition of GREAT VESSELS — 23 days
DUE TO (c)
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. ☐ Yes ☐ No ☐ Unknown

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 7-3-61, to 7-3-61 and last saw her alive on 7-3-61
Death occurred at 4:55 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H. Petra Ekeren (Degree or title) M.D.
22b. ADDRESS Univ. Hosp, Columbia
22c. DATE SIGNED 7-3-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE July 4-1961
23c. NAME OF CEMETERY OR CREMATORY Prairie Chapel
23d. LOCATION (City, town, or county) (State) Denver Mo
24. FUNERAL DIRECTOR Kermit A. Brown ADDRESS Denver, Mo
25. DATE RECD. BY LOCAL REG. July 4 1961
26. REGISTRAR'S SIGNATURE Mrs R.E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 Not Embalmed, Student Embalmer No._____ working under my personal supervision.

Student_____ Signed Kermit A. Brown

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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.