

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43233**

FILED DEC 23 1952  
BIRTH NO. 12423461 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 400

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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, write RURAL and give township) OR TOWN <u>Rural St. Francois Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Farmington, Mo - Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mineral Area Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>0940</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Judy</u> b. (Middle) <u>Ann</u> c. (Last) <u>Pritchett</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec- 11, 1952</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>April 9, 1952</u>
9. AGE (In years last birthday) <u>00</u> <u>8</u> <u>2</u>		10. IF UNDER 1 YEAR <u>0</u> <u>8</u> <u>2</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Flat River, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>LeRoy Pritchett</u>	13b. MOTHER'S MAIDEN NAME <u>Verna Mae Marler</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Le Roy Pritchett</u> ADDRESS <u>Farmington, Mo</u>

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>general faint</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral &amp; respiratory depression</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Toxic drug - acid acetyl salicylic</u> <u>aspirin</u> DUE TO (c) <u>acute respiratory</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>8953X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>194</u> <u>4/6</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)
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?

22. I hereby certify that I attended the deceased from 12/10/1952 to 12/11/1952; that I last saw the deceased alive on 12/11/1952, and that death occurred at 11:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W.D. Paddy D.D.</u> (Degree or title)	23b. ADDRESS <u>Flat River, Mo</u>	23c. DATE SIGNED <u>12/13/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec-13-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>St. Francois Co. Mo</u>		

DATE REC'D BY LOCAL REG. <u>Dec. 13/1952</u>	REGISTRAR'S SIGNATURE <u>Ethel Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sparks F. Home</u> ADDRESS <u>Flat River, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

JAN 3 0 1953

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 .....  
Student Embalmer

Signed *Murphy Spahr*

Licensed Embalmer No. *4536*

P. O. Address. *Flat 101, No*

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 this body is not embalmed, fact should be so stated above.