

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13200**

FILED MAY 11 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 28

2061

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

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Lamar</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lamar</u>	
c. LENGTH OF STAY (in this place) <u>70 years</u>		d. STREET ADDRESS (If rural, give location) <u>806 East 10th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>806 East 10th St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Alonzo</u> c. (Last) <u>Pritchett</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 1, 1953</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 21, 1870</u>	9. AGE (in years last birthday) <u>82</u>	IF UNDER 1 YEAR Months Days	IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer, Ret.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Barton County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Elijah Pritchett</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Katherine Milton</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Katherine Pritchett</u>	
15. WAS DECEASED EVER IN U.S. ARMY, NAVY, AIR FORCE, MARINE CORPS, OR COAST GUARD (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. J. A. Pritchett, Lamar, Mo.</u>	

18. CAUSE OF DEATH Enter one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 M.</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>332X</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) <u>Lamar Barton Mo</u>	21f. HOW DID INJURY OCCUR?
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		

22. I hereby certify that I attended the deceased from Dec 1, 1952 to May 1, 1953 that I last saw the deceased alive on May 1, 1953, and that death occurred at 6 P M., from the causes and on the date stated above.

23a. SIGNATURE <u>E. Guedes M.D.</u> (Degree or title)	23b. ADDRESS <u>LAMAR</u>	23c. DATE SIGNED <u>5-2-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 4, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lake</u>	24d. LOCATION (City, town, or county) (State) <u>Lamar, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>MAY 4 - 1953</u>	REGISTRAR'S SIGNATURE <u>Marie Konantz</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clarence H. Chiles Lamar Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

*Mr. J. P. ...*

**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 *Clarence W. Chiles* .....

Licensed Embalmer No. 3473 .....

P. O. Address Ames 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 this body is not embalmed, fact should be so stated above.