

S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43679

FILED DEC 28 1953

State File No.

BIRTH NO. REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 5784 Registrar's No. 50

1. PLACE OF DEATH
a. COUNTY Mississippi
b. CITY (If outside corporate limits, write RURAL and give township) Dorena
c. LENGTH OF STAY (in this place) 11 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Miss.
c. CITY (If outside corporate limits, write RURAL and give township) Dorena 0670
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) WILL b. (Middle) EDWARD c. (Last) PRITCHARD
4. DATE OF DEATH (Month) (Day) (Year) Nov. 4, 1953

5. SEX Male 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married
8. DATE OF BIRTH Nov. 6, 1879 9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months Days Hours Min. 11 28

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and State or Foreign Country) Lugilo, Miss. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME unknown 13b. MOTHER'S MAIDEN NAME unknown 14. NAME OF HUSBAND OR WIFE Annie Pritchard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unk. (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. unk. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Annie Pritchard - Dorena, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia
ANTECEDENT CAUSES (b) Carcinoma Prostatic
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH 2 days

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 177X 20. AUTOPSY? YES NO

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) (Min) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 30, 1952, to Oct. 27, 1953, that I last saw the deceased alive on Oct. 27, 1953, and that death occurred at 2 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) 23b. ADDRESS Charleston, Mo. 23c. DATE SIGNED 11/2/53

24a. BURIAL CREMATION REMOVAL (Specify) Burial 24b. DATE Nov. 8, 1953 24c. NAME OF CEMETERY OR CREMATORY Oak Grove 24d. LOCATION (City, town, or county) (State) Charleston, Mo.

DATE REC'D BY LOCAL REG. 12-22-53 REGISTRAR'S SIGNATURE 1953 Truete G. Harper 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Shelby East Prairie, Mo.

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

0670

DEC 24 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed DEC 24 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

James Shelby

Licensed Embalmer No. _____

12756

P. O. Address _____

East Prairie 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.