

FILED NOV 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33178

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>553</u>	
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>			
b. CITY OR TOWN <u>Poplar Bluff</u>		c. LENGTH OF STAY in this place (Specify) <u>3 1/2 years</u>		c. CITY OR TOWN <u>Poplar Bluff</u>		0124	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>116 No. E. St</u>				d. STREET ADDRESS (If rural, give location) <u>116 No. E. Street</u>			
3. NAME OF DECEASED (Type or Print) <u>Pluma</u>		a. (First)		b. (Middle) <u>Prichett</u>		c. (Last)	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>3-18-1884</u>	
9a. USUAL OCCUPATION (If kind of work dominating most of working life even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>S Carolina</u>		9. AGE (In years last birthday) <u>70</u> Months <u>7</u> Days <u>8</u> If under 14 hrs. <u>8</u> Min.	
12. CITIZEN OR WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>George Spina</u>		13b. MOTHER'S MARDEN NAME <u>Sallie Shannon</u>		14. NAME OF HUSBAND OR WIFE <u>Lee Prichett</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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Elizabeth Allen, Portogville</u> ADDRESS _____			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation</u> ANTECEDENT CAUSES <u>Hypertensive Heart Disease</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>Mo.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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>443X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR _____			
22. I hereby certify that I attended the deceased from <u>Aug 19 54</u> to <u>26 Oct 1954</u> , that I last saw the deceased alive on <u>25 Oct 1954</u> , and that death occurred at <u>1:45 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. A. Crocker</u> MD				23b. ADDRESS <u>321 Oak Poplar Bluff Mo</u>		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, OR OTHER DISPOSITION <u>Oct. 30-54</u>		24b. DATE <u>Oct. 30-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Poplar Bluff</u>		24d. LOCATION (City or county) (State) <u>Butler Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>11/5/54</u>		REGISTRAR'S SIGNATURE <u>W. A. Crocker</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Frank Smith - Sikeston, Mo.</u>			

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

RECEIVED

NOV 8 1954

BUTLER CO. HEALTH CENTER

FILE No. _____

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

Fred J. Smith

Licensed Embalmer No. *4428*

P. O. Address *Sixton, 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.