

FILED JAN 31 1955

STANDARD CERTIFICATE OF DEATH

State File No. 453

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>77</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Cape Girardeau</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Cape Girardeau</u>	
c. LENGTH OF STAY (in this place) <u>10 1/2 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau, Mo.</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>387 N. Henderson</u>				d. STREET ADDRESS (If rural, give location) <u>387 N. Henderson</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>Allice</u>	b. (Middle) <u>Be Dora</u>	c. (Last) <u>Pridy</u>	(Month) <u>Jan.</u>	(Day) <u>20</u>	(Year) <u>1955</u>		
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 24, 1870</u>		9. AGE (in years last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>27</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Adam Winch</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Kennedy</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Della Sizemore</u>		ADDRESS <u>Cape Girardeau, Mo.</u>		
18. CAUSE OF DEATH	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ventricular fibrillation</u>					<u>10 days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES						
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u>					<u>10-15 years</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 _____					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 _____, 19 <u>54</u> , to <u>Jan 31</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Jan 21</u> , 19 <u>55</u> , and that death occurred at <u>11:45 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John K. ...</u>				23b. ADDRESS <u>Cape Girardeau, Mo.</u>		23c. DATE SIGNED <u>Jan 26, 1955</u>	
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23a. SIGNATURE							

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 Charles E. Mungle

Licensed Embalmer No. 4877

P. O. Address Cape Girardeau

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.