

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7335

State File No. ....

FILED MAR 28 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 300

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Joseph</b>	c. LENGTH OF STAY (in this place) township) <b>9 Yrs</b>	c. CITY OR TOWN <b>Princeton</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>State Hospital # Two</b>		[X] STREET ADDRESS (If rural, give location) <b>not given</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Olin</b> b. (Middle) <b>Ray</b> c. (Last) <b>Prichard</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>March 18th 1955</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>April 10-1882</b>	9. AGE (In years last birthday) <b>72 Yrs</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bakers Helper</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Bakery</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Princeton, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Joseph Prichard</b>	13b. MOTHER'S MAIDEN NAME <b>Rockhold</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Sheriff Clay George, Princeton, Missouri.</b>	ADDRESS
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Lungs</b>		<b>2 or 3 Yrs</b>
	ANTECEDENT CAUSES DUE TO (b) <b>of Liver</b>		<b>2 or 3 Yrs</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cerebral Arteriosclerosis</b>		<b>9 Yrs</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>1501</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 3-18, 1955, to 3-18, 1955, that I last saw the deceased alive on 3-18, 1955, and that death occurred at 4:10p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>O. E. Cassius MD</b>	23b. ADDRESS <b>State Hospital # Two</b>	23c. DATE SIGNED <b>3-18-1955</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>(Removal)</b>	24b. DATE <b>3-19-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Princeton Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Princeton, Missouri.</b>
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DATE REC'D BY LOCAL REG. <b>March 22, 1955</b>	REGISTRAR'S SIGNATURE <b>Kathleen M. Allison</b>	485	25. FUNERAL DIRECTOR'S SIGNATURE <b>Meierhoffer Fleeman</b>	ADDRESS <b>St. Joseph, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

*Juc.*

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

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. 3258  
working under my personal supervision..

Student.....\*\*\*.....\*\*\*\*  
Signature of Student Embalmer

Signed.. *Albert B. Herrington*.....  
Licensed Embalmer No. 3258

P. O. Address.. St. Joseph, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.