

FILED MAR 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **9076**

BIRTH NO.		REG. DIST. NO. 274	PRIMARY REG. DIST. NO. 4405	Registrar's No. 71
1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Green Ridge		c. LENGTH OF STAY (in this place) 3 wks	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Green Ridge 0800	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print)		a. (First) George	b. (Middle) Samuel	c. (Last) Pritchard
4. DATE OF DEATH		(Month) 3	(Day) 14	(Year) 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED NEVER MARRIED, WIDOWED DIVORCED (Specify) Married		8. DATE OF BIRTH 8 18 1889
9. AGE (In years last birthday) 65		10. MONTHS 65	11. DAYS 65	12. HOURS 65
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME David Pritchard		13b. MOTHER'S MAIDEN NAME Salestia Potts
14. NAME OF HUSBAND OR WIFE Esther Kennedy Pritchard		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Mrs G. S. Pritchard		ADDRESS Green Ridge		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis 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) 4200
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 3/11/55 , 19___, to 3/14/55 , 19___, that I last saw the deceased alive on 3/4/55 , 19___, and that death occurred at 9:30 P m., from the causes and on the date stated above.				
23a. SIGNATURE John E. Ramsey M.D.		23b. ADDRESS 111 West 4th Sedalia Mo.		23c. DATE SIGNED 3/15/55
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE 3-17-55		24c. NAME OF CEMETERY OR CREMATORY LaMonte Cemetery
24d. LOCATION (City, town, or county) (State) LaMonte Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Paul M. Moore LaMonte Mo		
DATE REC'D BY LOCAL REG. 3/17/55		REGISTRAR'S SIGNATURE Louisa Coont, Deputy		

(Licensed Embalmer's Statement on Reverse Side)

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.

working under my personal supervision.

Student
Student Embalmer

Signed

Paul M Moore

Licensed Embalmer No.

3423

P. O. Address

La Monte 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.