

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14410

State File No. ....

FILED MAY 16 1955

BIRTH NO. _____		REG. DIST. NO. <u>337</u>		PRIMARY REG. DIST. NO. <u>6148</u>		Registrar's No. <u>39</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Shelby</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u> ✓		c. LENGTH OF STAY (In this place) <u>30 Years</u>		a. STATE <u>Missouri</u>	
b. CITY OR TOWN <u>Rural</u>		c. CITY OR TOWN <u>102<sup>nd</sup></u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>XX</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				STREET ADDRESS (If rural, give location) <u>3 Miles North west of Shelbina, Mo</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>Louisa</u>			b. (Middle) _____			c. (Last) <u>Pritchard</u>	
6. COLOR OR RACE <u>White</u>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>			8. DATE OF BIRTH <u>Jan. 30, 1877</u>	
9. AGE (In years last birthday) <u>78</u>			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Cunningham</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Dunnavent</u>			14. NAME OF HUSBAND OR WIFE <u>Frank Pritchard</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. <u>None</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Frank Pritchard, Shelbina, 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>Cerebral Hemorrhage</u>				<u>1 day</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES				<u>do not know</u>
			Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
			DUE TO (b) <u>arteriosclerosis</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) _____		21d. (COUNTY) _____	
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 <u>May 7, 1955</u> , to <u>May 8, 1955</u> , that I last saw the deceased alive on <u>May 6, 1955</u> , and that death occurred at <u>10:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Gladys Bowen D.O.</u>				23b. ADDRESS <u>Shelbina Mo.</u>		23c. DATE SIGNED <u>May 9, 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/10/1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shelbina IOOF Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Shelbina, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>5-12-55</u>		REGISTRAR'S SIGNATURE <u>Ada Garrison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. Hayes</u>		ADDRESS <u>Shelbina, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 12 1955

STATEMENT BY LICENSED EMBALMER

CEA

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.....  
Signature of Student Embalmer

Signed..... *Paul E. Hayes* .....

Licensed Embalmer No..... 4461

P. O. Address..... *Shelton* .....

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.