

STANDARD CERTIFICATE OF DEATH

FILED DEC 31 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 117

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs</u>		c. LENGTH OF STAY (in this place) <u>39 yrs</u>	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 <u>208 Spring Street</u>		STREET ADDRESS (If rural, give location) <u>208 Spring Street</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CLAUDE</u>	b. (Middle) <u>ELDRIDGE</u>	c. (Last) <u>PRICHARD</u>	4. DATE OF DEATH	(Month) <u>Dec.</u>	(Day) <u>3,</u>	(Year) <u>1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 24, 1891</u>	9. AGE (in years last birthday) <u>65</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Funeral Director</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Mortuary</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Ray County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Benjamin Prichard</u>	13b. MOTHER'S MAIDEN NAME <u>Mattie McAdams</u>	14. NAME OF HUSBAND OR WIFE <u>Ruth Prichard</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>492-38-4274</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ruth Prichard, Excelsior Springs, Mo.</u>	ADDRESS <u>208 Spring Street</u>
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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) <u>Ventricular fibrillation</u>		<u>10 min.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myo cardial infarction</u>		<u>30 min.</u>
DUE TO (c) <u>atherosclerotic heart disease</u>		<u>3 yrs.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>		-	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 2-14, 1954, to 12-3, 1956, that I last saw the deceased alive on 12-3, 1956 and that death occurred at 7:40 P.M., from the causes and on the date stated above.

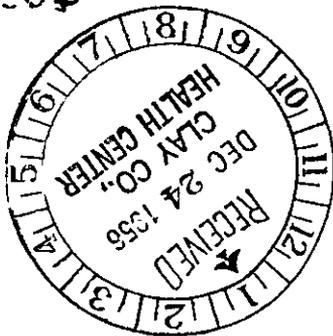
23a. SIGNATURE <u>Doris Musgrave, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Excelsior Springs, Mo.</u>	23c. DATE SIGNED <u>12-4-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-6-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Excelsior Springs, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>12-7-56</u>	REGISTRAR'S SIGNATURE <u>Baroline Hutchings</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Prichard Funeral Home, Inc.</u>	ADDRESS <u>Excelsior Springs, Missouri</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

7004



NOV 24 1957

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 .....  
 Signature of Student Embalmer

Signed *Linell Jarman* .....

Licensed Embalmer No. *458*  
*Excelsior Springs, Mo.*  
 P. O. Address .....

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.