

Health, Welfare, Public Service

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION
 B. I. Burns

FILED SEP 24 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32112
 STATE FILE NUMBER
 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4183

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION Gen'l Hosp. #1		Length of stay in lb 33 YRS.	d. STREET ADDRESS (If outside, give location) 1704 Jefferson Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Gabriel Middle Last Pritchett			4. DATE OF DEATH Month 9 Day 4 Year 1957
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH APRIL-5-1878
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months Days Hours	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARBER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) FAYETTE, MISSOURI
13a. FATHER'S NAME STROTHER PRITCHETT		13b. MOTHER'S MAIDEN NAME MARTHA POWELL	14. NAME OF HUSBAND OR WIFE MRS. STELLA PRITCHETT
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. 497-14-2970	17. INFORMANT MRS. IRENE PHILGREEN KANSAS CITY, Mo. Address 4432 WYOMING
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia			INTERVAL BETWEEN ONSET AND DEATH 1999
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Metastatic carcinoma primary undetermined			
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I. or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from Aug. 13, 1957 to Sept. 4, 1957 and last saw ^{him} him alive on Sept. 4, 1957 Death occurred at 11:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i> (Degree or title)		22b. ADDRESS 24th & Cherry	22c. DATE SIGNED 9-5-57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE Sept 6, 1957	23c. NAME OF CEMETERY OR CREMATORY FAYETTE CEMETERY	23d. LOCATION (City, town, or county) (State) FAYETTE, MISSOURI
24. FUNERAL DIRECTOR D.W. NEWCOMER & SONS ADDRESS 1337 BRUSH CREEK BLVD		25. DATE RECD. BY LOCAL REG. 9-6-57	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

(Licensed Embalmer's Statement on Reverse Side)

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 *Chestnut K Brown*

Licensed Embalmer No. *493*

P. O. Address *K E*

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.