

FILED OCT 21 1957

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1107

5. 300
1-57

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>St. Joseph</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Joseph's Hospt. 10 hrs</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>Route 6, DeKalb Road</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>Eugene</u> Last <u>Pritchett</u>			4. DATE OF DEATH Month <u>Oct.</u> Day <u>12</u> Year <u>1957</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 18, 1920</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>Meat Packing Co.</u>	9. AGE (In years last birthday) <u>36</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Meat Packing Co.</u>	11. BIRTHPLACE (City and state or country) <u>St. Joseph, Mo.</u>
13a. FATHER'S NAME <u>Charles Pritchett</u>		13b. MOTHER'S MAIDEN NAME <u>Bertha Woods</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
14. NAME OF HUSBAND OR WIFE <u>Dorothy Pritchett</u>		17. INFORMANT <u>Dorothy Pritchett Rt. 6,</u> Address <u>St. Joseph, Mo</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>491-10-9602</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Traumatic Head Injuries -</u> <u>(Cerebral Damage)</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>Approx 11 hrs.</u>
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) <u>Auto accident</u>		20c. TIME OF INJURY Hour <u>9</u> Month <u>10</u> Day <u>16</u> Year <u>57</u> a.m. ? p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <u>St. Joseph, Mo</u>		20g. COUNTY <u>Buchanan</u>	
20h. STATE <u>Mo</u>		20i. CITY, TOWN, OR LOCATION <u>St. Joseph, Mo</u>	
20j. COUNTY <u>Buchanan</u>		20k. STATE <u>Mo</u>	
21. I attended the deceased from <u>Aug 28, 1950</u> to <u>Oct 12, 57</u> and last saw ^{her} him alive on <u>10-12-57</u> Death occurred at <u>7:15 p.m.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Robert W. Kieber, M.D.</u> (Degree or title)		22b. ADDRESS <u>St Joseph, Mo</u>	
22c. DATE SIGNED <u>10-14-57</u>		22d. PLACE SIGNED <u>St Joseph, Mo</u>	
23a. BURIAL, CREATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Oct. 16, 1957</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Buchanan County, Mo.</u>	
24. FUNERAL DIRECTOR <u>Clark Funeral Home</u> ADDRESS <u>St. Joseph, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Oct. 17, 1957</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs. Robert Fulton</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

OCT 22 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 *Erica Clark*

Licensed Embalmer No. *4238*
P. O. Address *St. Joseph*

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.