

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044644

STATE FILE NUMBER

FILED JAN 5 1959

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 243

300
1-56

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH McCune Brooks Hospital a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Oregon b. COUNTY <u>1</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		c. CITY OR TOWN Center Point	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Elinor Middle Jay Last Pritt		4. DATE OF DEATH Month 12 Day 26 Year 1958	
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 23, 1933
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 25
11. BIRTHPLACE (City and state or country) Dawn Missouri		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Forest Ray Simmons		14. MOTHER'S MAIDEN NAME Nina Vinson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT James Simmons Address Chillicothe, Mo.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HEMORRHAGE LACERATION BRAIN 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)			19. INTERVAL BETWEEN ONSET AND DEATH 4 hrs
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.) HEAD ON AUTO COLLISION	
20c. TIME OF INJURY Hour 10:30 a. m. Month, Day, Year 12 26 58		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) STREET	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION CARTHAGE	
20g. COUNTY JASPER		20h. STATE MO	
21. I attended the deceased from 12-26-58, to 12-26-58 and last saw her alive on 12-26-58 - Death occurred at 1:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Frank H. Brimmer M.D.		22b. ADDRESS Carthage, Mo.	
22c. DATE SIGNED 12-26-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 12-31-58	23c. NAME OF CEMETERY OR CREMATORY ?	23d. LOCATION (City, town, or county) (State) Chillicothe, Missouri
24. FUNERAL DIRECTOR + Martin Selroy Jasper, Mo.		25. DATE RECD. BY LOCAL REG. 12-27-58	26. REGISTRAR'S SIGNATURE Ely Clutman

BENSON FUNERAL HOME, Chillicothe, Mo. Embalmer's Statement on Reverse Side

MAH 10 1958

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 *George W. Newcom*

Licensed Embalmer No.

P. O. Address *Leck...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING 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.