

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022151

STATE FILE NUMBER

FILED JUN 24 1959 Registration District No. 200 Primary Registration District No. Registrar's No. 105

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Nebraska b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hudson Twp		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Omaha
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Still-Hildreth Osteo- pathic Hospital		Length of stay in lb 36 yr 6 mo	d. STREET ADDRESS 8260 (If outside, give location) 4

3. NAME OF DECEASED (Type or print) First Henry Middle P. Last Pritchard			4. DATE OF DEATH Month June Day 12 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 6, 1885		9. AGE (In years last birthday) 73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Montgomery County, Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME John E. Pritchard	13b. MOTHER'S MAIDEN NAME Mary Elizabeth Jones	14. NAME OF HUSBAND OR WIFE
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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 Hospital Records	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Inanition and Debilitation		INTERVAL BETWEEN ONSET AND DEATH 3 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Mediastinal Carcinosis with Compression (of the Esophagus)	unknown
	DUE TO (c) Bronchiogenic Carcinoma	"
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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

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 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
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21. I attended the deceased from **Sept 1, 1958** to **June 12, 1959** and last saw ^{him} ~~her~~ alive on **June 12, 1959**
Death occurred at **8:50** a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Andrew T. Steed (Dr.) (Degree or title)	22b. ADDRESS Macon, Missouri	22c. DATE SIGNED 6/12/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 15, 1959	23c. NAME OF CEMETERY OR CREMATORY Omaha Cem.	23d. LOCATION (City, town, or county) (State) Omaha, Neb.
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24. FUNERAL DIRECTOR H.R. Burket & Son	ADDRESS Omaha, Neb.	25. DATE RECD. BY LOCAL REG. 6/13/59	26. REGISTRAR'S SIGNATURE Ruth M. Sweeney
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Embalmer's Statement on Reverse Side

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

County File No. ... 8-1-10
Date Filed 6-23-57

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 *Charles A. Tuttle*

Licensed Embalmer No. *4577*

P. O. Address *Macon, N*

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.