

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041467

FILED VS. DEC 15 1959 3/6

Registration District No. _____ Primary Registration District No. 3061 Registrar's No. 464

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE MO b. COUNTY ST. FRANCOIS)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FLAT RIVER	Length of stay in 1b	c. CITY OR TOWN ELVINS, MO.	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LUNNINGTON NURSING HOME		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First THOMAS Middle E. Last PRITCHETT.			4. DATE OF DEATH Month DEC Day 6. Year 1959		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH NOV 28, 1879	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during last 12 months or work done if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY RETIRED	11. BIRTHPLACE (City and state or country) ST. FRANCOIS CO. MO. U.S.A.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME MART PRITCHETT		13b. MOTHER'S MAIDEN NAME NANCY DAVIS PRITCHETT		14. NAME OF HUSBAND OR WIFE MRS. MAUDE HOHMAN.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.	17. INFORMANT MRS. MAUDE HOHMAN. Address ST. LOUIS, 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) Lobar Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 2 days
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) Sensitization - Arterio Sclerosis - Generalized Osteoporosis - and Osteoarthritis		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <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 1958** to **Dec 6/59** and last saw ^{her}him alive on **Dec 6/59**
Death occurred at **10:00 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J.W. Zupan DO (Degree or title)	22b. ADDRESS Flat River MO	22c. DATE SIGNED 12/7/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE DEC 18, 1959	23c. NAME OF CEMETERY OR CREMATORY OLD PENELTON cem	23d. LOCATION (City, town, or county) (State) DOE RUN MO.
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24. FUNERAL DIRECTOR R. CALDWELL & Sons ADDRESS FLAT RIVER MO.	25. DATE RECD. BY LOCAL REG. Dec 7, 1959	26. REGISTRAR'S SIGNATURE Esther Rudloff
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MO. (Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by Donald Dale Caldwell, Student Embalmer No. 587

working under my personal supervision.

Student Donald Dale Caldwell

Signature of Student Embalmer

Signed R. Caldwell

Licensed Embalmer No. 2531

P. O. Address Flat River

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.