URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-010224
STATE FILE NUMBER

FILED VS MAR 17 1960

Registration District No. 59 Primary Registration District No. 4097 Registrar's No. 58

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Harrisonville
Length of stay in 1b: 14 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Memorial Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Cass
c. CITY OR TOWN: Rural Peculiar Twp
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 3 mi N.W of Harrisonville
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First HETHA Middle C. Last PRETTYMAN
4. DATE OF DEATH: Month Mar Day 6 Year 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Feb 15 1888
9. AGE (last birthday): 72
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Cass Co Mo
12. CITIZEN OF WHAT COUNTRY: U S A
13a. FATHER'S NAME: Robert A Brown
13b. MOTHER'S MAIDEN NAME: Agnes Stephens
14. NAME OF HUSBAND OR WIFE: A. S Prettyman
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.: 444-40-5777
17. INFORMANT: T. B Prettyman Address: Harrisonville Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): ARTERIO SCLEROTIC HEART DISEASE
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): HEMORRHAGE DUODENAL ULCER
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1946 to MARCH 6, 1960 and last saw her/him alive on MARCH 6, 1960
Death occurred at 5 p m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: O B Barger (Degree or title) MD
22b. ADDRESS: Harrisonville MO
22c. DATE SIGNED: MAR 8, 1960
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Mar 8 1960
23c. NAME OF CEMETERY OR CREMATORY: Orient Cemetery
23d. LOCATION (City, town, or county) (State): Harrisonville Mo.
24. FUNERAL DIRECTOR: Runnenburgers
ADDRESS: Harrisonville Mo
25. DATE REC'D. BY LOCAL REG.: Mar. 8-1960
26. REGISTRAR'S SIGNATURE: Mrs Ray Sebree

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Frank E. Runnenburger

Licensed Embalmer No. 5073

P. O. Address Harrisonv

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