

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 199 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u>		c. CITY OR TOWN <u>Jefferson City</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marv's Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>107 West Circle Drive</u>	

3. NAME OF DECEASED (Type or print) <u>MR. OSCAR BEN PRITCHETT</u>			4. DATE OF DEATH <u>May 27, 1960</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>5-16-1896</u>	9. AGE (last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>11</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
-----------------------	----------------------------------	---	--------------------------------------	-------------------------------------	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Auditor ---Mo. State Highway Dept.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Busch, Pike Co., Mo.</u>	11. BIRTHPLACE (City and state or country) <u>USA</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
--	--	--	---

13a. FATHER'S NAME <u>Edward Pritchett</u>	13b. MOTHER'S MAIDEN NAME <u>Lucy Strother</u>	14. NAME OF HUSBAND OR WIFE <u>Cora Faye VanEter Pritchett</u>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>W. W. I</u>	16. SOCIAL SECURITY NO. <u>722-07-1274</u>	17. INFORMANT <u>Mrs. Cora Pritchett 107 W. Circle J.C., Mo.</u>
---	---	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Coronary thrombosis</u>		<u>immediately</u>
DUE TO (b) <u>coronary atherosclerosis</u>		<u>10 yrs</u>
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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
---	--	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)
--	---	--

20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u>	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
--	--	--	------------------------------	--------	-------

21. I attended the deceased from <u>1955</u> to <u>5/27/60</u> and last saw <u>her</u> <u>him</u> alive on <u>5/21/60</u> Death occurred at <u>7 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE <u>[Signature]</u> (Degree or title)	22b. ADDRESS <u>Jefferson City Mo</u>	22c. DATE SIGNED <u>5/28/60</u>
--	--	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rem. &amp; Bur.</u>	23b. DATE <u>May 29, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lewistown Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Lewistown, Mo.</u>
---	----------------------------------	---	--

24. FUNERAL DIRECTOR <u>Victor Buescher J.C. Mo</u>	25. DATE RECD. BY LOCAL REG. <u>28 May 1960</u>	26. REGISTRAR'S SIGNATURE <u>R.P. Harris, Md. Richter, Dep.</u>
--	--	--

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

JUN 21 1960

FEB 5 1962

MAR 1 1961

MAR 1 1961

**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 Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jlma

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