

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-045226

FILED VS JAN 16 1967 042

1000 Registrar's No. 1365

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b 1 year		c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Parkview Nursing Home 1212 Dewey			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1311 Jule		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ADAH Middle C. Last PRITCHARD				4. DATE OF DEATH Month December Day 31 Year 1960				
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/10/1887	9. AGE (last birthday) 73	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 own home		11. BIRTHPLACE (City and state or country) Memphis, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME James N. Cox			13b. MOTHER'S MAIDEN NAME Catherine Marlowe			14. NAME OF HUSBAND OR WIFE Clark		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. 494-22-5815		17. INFORMANT Mrs. Richard Taylor, 2918 Francis, St. Joseph Address _____			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple Myeloma to spine + ribs c cachexia and anemia DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH approx 7-22-60	
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 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.)				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year _____						
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 12-24-57 , to 12-31-60 and last saw her alive on 12-29-60 Death occurred at 11:00 a. m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) W. B. Post, M.D.				22b. ADDRESS 316 No 10th St Joseph Mo.			22c. DATE SIGNED 1-6-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 12/31/1960	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) Memphis, Missouri			
24. FUNERAL DIRECTOR Hester Bowman			ADDRESS St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Jan 11, 1961		26. REGISTRAR'S SIGNATURE Mrs. Clark Standell	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

W. B. Post, M.D. MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 28 1962

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 William Spalding

Licensed Embalmer No. 4531

P. O. Address St Joseph 8

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