

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009479

STATE FILE NUMBER

Registration District No. 163 Primary Registration District No. 3031 Registrar's No. 17

AMENDED

FILED APR 11 1961

| | | | |
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| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY Jefferson | b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN DeSoto | a. STATE Mo. | b. COUNTY Jefferson |
| Length of stay in 1b 6 Mos. | | c. CITY OR TOWN Hillsboro | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1010 So. Main St. | | d. STREET ADDRESS (If outside, give location) Rural Route # 1 | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|---|------------------------------|---|--|---|
| 3. NAME OF DECEASED (Type or print) | | | 4. DATE OF DEATH | |
| First Mary | Middle Josephine | Last Prichard | Month March | Day 26 |
| Year 1961 | | | | |
| 5. SEX F | 6. COLOR OR RACE W | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 5/7/69 | 9. AGE (last birthday) 91 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY None | 11. BIRTHPLACE (City and state or country) Franklin Co., Mo. | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
| 13a. FATHER'S NAME Nathan Bridwell | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Peter Prichard |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT John Prichard, St. Louis, Mo. |

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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: | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) Gen. arterio-sclerosis | | years |
| 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) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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.) |
| 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 Feb 1, 1961 to Mon 26, 61 and last saw her alive on Mon 26, 61
Death occurred at 7:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) Paul V. Mothershead M.D. | 22b. ADDRESS DeSoto, Mo. | 22c. DATE SIGNED Mar 27, 61 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 3/28/61 | 23c. NAME OF CEMETERY OR CREMATORY Calvary |
| 23d. LOCATION (City, town, or county) DeSoto Mo. | | |
| 24. FUNERAL DIRECTOR J. L. Mothershead, DeSoto, Mo. | 25. DATE RECD. BY LOCAL REG. March 28-1961 | 26. REGISTRAR'S SIGNATURE Marie Harris |

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 *J. E. Mothurshee*

Licensed Embalmer No. 353
P. O. Address Desate

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.