

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-011265

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1490

DO NOT WRITE ON THIS STUB

AMENDED

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| FILED APR 2 1962 | |
| 1. PLACE OF DEATH a. COUNTY Jackson b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in 1b 47 yrs. c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5811 Hardesty Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) 5811 Hardesty Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First JAMES Middle L. Last PRITNER | |
| 4. DATE OF DEATH Month 3 Day 10 Year 62 | |
| 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 2-2-00 |
| 9. AGE (last birthday) 62 | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tool & Dye Maker |
| 11. BIRTHPLACE (City and state or country) Calumet, Oklahoma | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
| 13a. FATHER'S NAME Leslie Pritner | 13b. MOTHER'S MAIDEN NAME Myrtle Barnes |
| 14. NAME OF HUSBAND OR WIFE Pauline Pritner | 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. Unknown | 17. INFORMANT Mrs. Elma Hewitt; 4515 Dodge Duluth, Minn. 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) Carbon monoxide Poisoning DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | |
| 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 checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) attached here to report | |
| 20c. TIME OF INJURY Hour 3-10 a.m. Month, Day, Year 3-10-62 | 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.) Rel | 20f. CITY, TOWN, OR LOCATION Kansas City COUNTY Jackson STATE MO |
| 21. I attended the deceased from _____ to _____ and last saw her for him alive on _____ Death occurred at 10:09 a. m on the date stated above, and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE <i>Myrtle Pritner Owens</i> (Degree or title) M.D. Coroner | 22b. ADDRESS 152 Union Station-K.C., Mo. |
| 22c. DATE SIGNED 3-12-62 | 23. BURIAL, CREMATION, REMOVAL (Specify) CREMATION |
| 23a. DATE 3-14-62 | 23b. NAME OF CEMETERY OR CREMATORY ELMWOOD CREMATORY |
| 23c. LOCATION (City, town, or county) (State) KANSAS CITY, MO. | 24. FUNERAL DIRECTOR WEILERT FUNERAL HOMES(S) K.C., MO. |
| 25. DATE RECD. BY LOCAL REG. 3-14-62 | 26. REGISTRAR'S SIGNATURE <i>Ruth Long</i> |

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 H. OWENS
 SHOULD READ
 ITEM NO.

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

City of
City
City

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 Forrest D. Goldman

Licensed Embalmer No. 4214

P. O. Address KP No.

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: