MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043322
STATE FILE NUMBER

Registration District No. 383 Primary Registration District No. 5653- Registrar's No. 178

FILED NOV 29 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO.

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: LAWRENCE
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Mt. Vernon — Length of stay in 1b: 1 year 4 months
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): MISSOURI STATE SAN — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO b. COUNTY: NEWTON
c. CITY OR TOWN: GRANBY — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): ROUTE #2 — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First EDNA Middle I Last PRITCHARD

4. DATE OF DEATH: Month NOV. Day 24 Year 1962

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12-19-89
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): Nurse Wife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): Nixa, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Ervin Bennett
13b. MOTHER'S MAIDEN NAME: Martha Pinkley
14. NAME OF HUSBAND OR WIFE: Loren A. Pritchard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Hospital Records — Address: MT. VERNON, MO.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Chronic Lymphatic Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 2 1/4 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
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): Hiatal Hernia, Pulmonary Tuberculosis, Moderately Advanced, Active

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

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 11-7-61, to 11-24-62 and last saw her alive on 11-24-62
Death occurred at 5:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. Lewis Yates M.D.
22b. ADDRESS: Mo. S.S. Mt. Vernon, Mo
22c. DATE SIGNED: 11-24-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 11-24-1962
23c. NAME OF CEMETERY OR CREMATORY: Granby Memorial
23d. LOCATION (City, town, or county) (State): Granby, Missouri

24. FUNERAL DIRECTOR: Shewmake Funeral Home — ADDRESS: Granby, Mo.
25. DATE RECD. BY LOCAL REG.: 11-27-62
26. REGISTRAR'S SIGNATURE: Roy Grantham Reg

(Licensed Embalmer's Statement on Reverse Side)

DEC 11 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 me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Floyd E. Shumake Jr.

Licensed Embalmer No. 4423.

P. O. Address Box 278 Granby, Missouri.

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.