

FILED MAR 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3997

BIRTH NO. 49-005998 REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 26

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| 1. PLACE OF DEATH a. COUNTY <u>Bates</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Bates</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Butler</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Butler</u> | |
| c. LENGTH OF STAY (in this place) <u>6 hrs</u> | | d. STREET ADDRESS (If rural, give location) <u>Butler Memorial Hospital</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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|-------------------------------------|---------------------------|------------------------------|-------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Patrica</u> | b. (Middle) <u>Elizabeth</u> | c. (Last) <u>Pruden</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 23 1949</u> |
|-------------------------------------|---------------------------|------------------------------|-------------------------|---|

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|----------------------|-------------------------------|--|---------------------------------------|--|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u> | 8. DATE OF BIRTH <u>Feb. 17, 1949</u> | 9. AGE (In years last birthday) <u>0</u> IF UNDER 1 YEAR Months <u>0</u> Days <u>6</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |
|----------------------|-------------------------------|--|---------------------------------------|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Butler Mo. Hospital</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Homer Eugene Pruden</u> | 13b. MOTHER'S MAIDEN NAME <u>Betty Gene Davis</u> | 14. NAME OF HUSBAND OR WIFE <u>Infant</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Check no. or circle yes) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>NO.</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Homer Eugene Pruden, Adrian Mo.</u> | ADDRESS <u>Adrian Mo.</u> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>premature infant</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>above many placenta</u> DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>776X</u> | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>Immaturity 6 months Embryo</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) <u>Adrian</u> (COUNTY) <u>Bates</u> (STATE) <u>MO</u> |
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|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|--|----------------------------|

22. I hereby certify that I attended the deceased from 2-17, 1949, to 2-23, 1949, that I last saw the deceased alive on Feb 23, 1949, and that death occurred at 5:50 P.m., from the causes and on the date stated above.

| | | |
|--|-------------------------------|---------------------------------|
| 23a. SIGNATURE <u>E. E. Robinson</u> (Degree or title) | 23b. ADDRESS <u>Adrian MO</u> | 23c. DATE SIGNED <u>2-24-49</u> |
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|---|--------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>2-24-49</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Crescent Hill Cem.</u> | 24d. LOCATION (City, town, or county) (State) <u>Adrian Mo.</u> |
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|---|---|---|
| DATE REC'D BY LOCAL REG. <u>Feb 24-49</u> | REGISTRAR'S SIGNATURE <u>Kimball Kersey</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Leath & Sif</u> ADDRESS <u>Adrian Mo.</u> |
|---|---|---|

(Licensee Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

No. 300
10-48

RECEIVED

District Health Officer No.

Statice File Number 1-49-146

Date Filed 2-28-79

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 _____

This body was not embalmed Student Embalmer No. _____

working under my personal supervision.

Signed [Signature]

Signed _____
Student Embalmer

Licensed Embalmer No. 2650

P. O. Address Adrian Mo

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 this body is not embalmed, fact should be so stated above.