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FILED SEP 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26656

State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 777

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>	c. LENGTH OF STAY (in this place) <u>3 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>SPRINGFIELD</u> <u>39</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2134 N Washington</u>		d. STREET ADDRESS (If rural, give location) <u>2134 N. WASHINGTON</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>BENJAMIN</u> b. (Middle) <u>H</u> c. (Last) <u>PRUETT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 29, 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 17, 1889</u>
9. AGE (In years) (Under 1 year) (Over 1 year) <u>60</u> Months _____ Days _____ Hours _____ Mins. _____		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>VELMA PRUETT</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES W.W.I., 1918-1919</u>		16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Velma Pruett Springfield</u>

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 <u>INSTANT</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>GUN-SHOT WOUND - ENTERING MOUTH</u> <u>PENETRATING BRAIN - EXIT TOP OF HEAD</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E976X</u>	
19a. DATE OF OPERATION <u>NONE</u>	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>SUICIDE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>SPRINGFIELD GREENE MO</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8-29-49 7P.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>INFLECTED</u>
22. I hereby certify that I attended the deceased from <u>DEAD</u> , 19 <u>49</u> , to <u>8-29</u> , 19 <u>49</u> ; that I last saw the deceased <u>on 8-29, 1949</u> , and that death occurred at <u>7:45 m.</u> , from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) <u>Kendall D. Coroner</u>
23b. ADDRESS <u>Springfield, Mo.</u>		23c. DATE SIGNED <u>8-30-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	24b. DATE <u>9-1-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. W. Klingman & Co. Springfield</u>

DATE REC'D BY LOCAL REGISTRAR <u>8-31-49</u>	REGISTRAR'S SIGNATURE <u>M.R. Handley</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. W. Klingman & Co. Springfield</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

27
2
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OCT 22 1949

SEP 22 1949

SEP 30 1949

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.

Signed Max Rhodes

Signed.....
Student Embalmer

Licensed Embalmer No. 4071

P. O. Address Springfield

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.