

FILED FEB 5 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3624

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>366</u>		PRIMARY REG. DIST. NO. <u>6242</u>		Registrar's No. <u>3</u>		
1. PLACE OF DEATH a. COUNTY <u>Washington</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Burns - Kingston</u>		c. LENGTH OF STAY (in this place) <u>39 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Burns - Kingston</u>		1100		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Old mine</u>				d. STREET ADDRESS (If rural, give location) <u>Old mine</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Julia</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Pruitt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-28-1951</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>4-25-1871</u>		
9. AGE (In years last birthday) <u>79</u>		# UNDER 1 YEAR Months <u>9</u>		# UNDER 1 YEAR Days <u>3</u>		# UNDER 1 HRS. Hours <u></u> Min. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Washington County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Pratte</u>			13b. MOTHER'S MAIDEN NAME <u>Ozcelta Boyer</u>			14. NAME OF HUSBAND OR WIFE <u>Julius Pruitt</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Julius Pruitt Cadet. RT 1 Mo</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>  ANTECEDENT CAUSES <u>Infected R. Kidney</u> <u>Dead Heart collapse</u> DUE TO (b) <u></u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH  <u>6002</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 <u>1/1</u> , 19 <u>50</u> to <u>1/28</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1/27</u> , 19 <u>51</u> , and that death occurred at <u>7:30</u> A. m., from the causes and on the date stated above.								
23a. SIGNATURE (Type or title) <u>H. F. Cresswell M.D.</u>				23b. ADDRESS <u>Potosi, Mo.</u>		23c. DATE SIGNED <u>1/28/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-30-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Joachims Cemetery Old Mines</u>		24d. LOCATION (City, town, or county) (State) <u>Mo</u>		
DATE REC'D BY LOCAL REG. <u>1-28-51</u>		REGISTRAR'S SIGNATURE <u>Helen K. Reddick</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Boyer funeral</u>		ADDRESS <u>Potosi, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

**RECEIVED**

JAN 30 1951

WASH. COUNTY HEALTH DEPT.

File No. 251-60

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Mary M. Smith

Licensed Embalmer No. 4394

P. O. Address Potosi, 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.