

FILED MAR 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5304**

BIRTH NO. _____ REG. DIST. NO. **194** PRIMARY REG. DIST. NO. **5710** Registrar's No. **6**

1. PLACE OF DEATH a. COUNTY M^cDonald		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY M^cDonald	
b. CITY (If outside corporate limits, write RURAL and give township) Rural-Center twp.	c. LENGTH OF STAY (in this place) 24 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) Rural-Center twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Stella Rt. 1		d. STREET ADDRESS (If rural, give location) Stella, Rt. 1	

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Segal c. (Last) Pruett	4. DATE OF DEATH (Month) (Day) (Year) Feb. 15 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 16, 1881	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	IF UNDER 12 HRS. Hours	IF UNDER 12 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Nov 16 Unknown	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Elijah Stafford	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Heam Pruett
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Elijah Pruett, Stella, Rt. 1	ADDRESS Stella, Rt. 1
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 1/2 hr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Feb-12, 1951**, to **Feb-15-1951**, that I last saw the deceased alive on **Feb 14 1951**, and that death occurred at **2-15 hr.**, from the causes and on the date stated above.

23a. SIGNATURE D. E. Plummer M.D.	23b. ADDRESS Stella, Mo.	23c. DATE SIGNED 2/16/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/18/51	24c. NAME OF CEMETERY OR CREMATORY Cresley Cemetery, M^cDonald Co. Mo.	24d. LOCATION (City, town, or county) (State) Mo.
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DATE REC'D BY LOCAL REG. Feb. 20, 1951	REGISTRAR'S SIGNATURE D. E. Plummer	1951	25. FUNERAL DIRECTOR'S SIGNATURE John B. Papineau	ADDRESS Goodman, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0600
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DIVISION OF HEALTH OF MO.

District No. 7 - Springfield

RECORDED FEB 24 1951

Dist. File 215-421

Date Filed 2-24-57

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

Student Embalmer

Signed John B. Papsineau.....

Licensed Embalmer No. 4446.....

P. O. Address Goodman, 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.