

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18187
Registrar's No. 4730

FILED JUN 5 1951

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u> <u>2119</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Peapack Hospital</u>		11. STREET ADDRESS (If rural, give location) <u>4226 W Evans Ave</u>	

3. NAME OF DECEASED (Type or Print) <u>DORA PRUITT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5 20 51</u>		
a. (First)		b. (Middle)	c. (Last)		

5. SEX <u>Female</u>	6. COLOR OR RACE <u>Cal</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 5-1905</u>	9. AGE (In years last birthday) <u>45</u>	10. UNDER 1 YEAR	10. UNDER 1 HR.
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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 <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Monroe Cont</u>	12. CITIZEN OF WHAT COUNTRY? <u>Miss</u>
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13a. FATHER'S NAME <u>Joe Dixon</u>	13b. MOTHER'S MAIDEN NAME <u>Francis Noe</u>	14. NAME OF HUSBAND OR WIFE <u>Early Pruitt</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>May E. Dixon</u>	17. ADDRESS <u>603 Vine St Aberdeen Miss</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Urticaria Coma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	ANTECEDENT CAUSES Morbidity 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 checked="" 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) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Slip</u>
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22. I hereby certify that I attended the deceased from 5/16, 1951, to 5/20, 1951, that I last saw the deceased alive on 5/19, 1951, and that death occurred at 7:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. Woods M.D.</u>	23b. ADDRESS <u>444 S. 8th St</u>	23c. DATE SIGNED <u>5/21/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>RR 5</u>	24b. DATE <u>5-22-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Aberdeen</u>	24d. LOCATION (City, town, or county) (State) <u>Miss</u>
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DATE REC'D BY LOCAL REG. <u>MAY 21 1951</u>	REGISTRAR'S SIGNATURE <u>J. B. Laester</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>A. D. Richardson</u>	ADDRESS <u>2625 Glasgow St</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

AD Richardson

Signed.....
Student Embalmer

Licensed Embalmer No. *2928*

P. O. Address *2625 Glasgow*

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.