

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26236**
Registrar's No. **6340**

FILED JUL 22 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

| | | | |
|---|-------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE 242. b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS | | c. LENGTH OF STAY (In this place) 10 Days | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Harrisonburg 8120 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) LELLE b. (Middle) NMN c. (Last) PRUETT | | 4. DATE OF DEATH (Month) (Day) (Year) 7 2 52 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 7.26-1878 |
| 9. AGE (In years last birthday) 73 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife | 11. BIRTHPLACE (City and State or Foreign Country) Marion Ill |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME W.D. DOWEN | | 13b. MOTHER'S MAIDEN NAME Mary Mitchell | 14. NAME OF HUSBAND OR WIFE J.M. Pruett |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME J.W. Pruett ADDRESS Harrisonburg Ill |
| 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE INTESTINAL OBSTRUCTION ABDOMINAL MALIGNANCY, UNSPECIFIED DUE TO (b) 2 MONTHS DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION 7/1/52 | | 19b. MAJOR FINDINGS OF OPERATION RESECTION OF CECOSTOMY | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 1991 | |
| 22. I hereby certify that I attended the deceased from 6/22 , 19 52 , to 7/2 , 19 52 that I last saw the deceased alive on 7/2 , 19 52 , and that death occurred at 2:15 Am. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) FR Bradley, M. D. | | 23b. ADDRESS 600 S. KINGSHIGHWAY | |
| 23c. DATE SIGNED 7/2/52 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 7-2-52 | |
| 24c. NAME OF CEMETERY OR CREMATORY | | 24d. LOCATION (City, town, or county) (State) Harrisonburg Ill | |
| DATE REC'D BY LOCAL REG. JUL 2 1952 | | REGISTRAR'S SIGNATURE Carl Smith | |
| 25. FUNERAL DIRECTOR'S SIGNATURE W. H. Harrisonburg | | ADDRESS 14 Harrisonburg, Ill | |

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 Ronald O Yahrke

Licensed Embalmer No. 3617

P. O. Address St Louis

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.