

FILED NOV 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36232**

BIRTH NO. _____ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **4092** Registrar's No. **155**

1. PLACE OF DEATH
 a. COUNTY **Cass**
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Archie**
 c. LENGTH OF STAY (in this place) **Yes**
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **Highway A Mo. Pacific Railway**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE **Missouri** b. COUNTY **Cass**
 c. CITY OR TOWN **Harrisonville**
 d. Is Residence within limits of a city or incorporated town? Yes No
 e. STREET ADDRESS (If rural, give location) **5 Miles N. E. of Archie** **0190**

3. NAME OF DECEASED (Type or Print)
 a. (First) **Charlotte** b. (Middle) **Ann** c. (Last) **Pruett**
 4. DATE OF DEATH (Month) (Day) (Year) **Nov. 5 1955**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) **Never Married** 8. DATE OF BIRTH **Sept. 9, 1935** 9. AGE (In years last birthday) **20** IF UNDER 1 YEAR **1** MONTHS **26** DAYS IF UNDER 24 HRS. **0** HOURS **0** MIN.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Shoof teacher** 10b. KIND OF BUSINESS OR INDUSTRY **Same** 11. BIRTHPLACE (City and State or Foreign Country) **Pleasant Hill, Mo.** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Sherman Pruett** 13b. MOTHER'S MAIDEN NAME **Edna Berry** 14. NAME OF HUSBAND OR WIFE **None**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **NO** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. **unknown** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Sherman Pruett Rt. 3 Harrisonville, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
 MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Traumatic Brain damage** INTERVAL BETWEEN ONSET AND DEATH **immediate**
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) **Skull Fracture**
 DUE TO (c) **Train - car collision**
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. **8104**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **accident** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Train** 21c. (CITY, TOWN, OR TOWNSHIP) **Archie** (COUNTY) **Cass** (STATE) **Missouri**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **11 5 55 8/30/55** 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **Train - car collision**

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **8:30a** m., from the causes and on the date stated above.

23a. SIGNATURE **Reinold Janku (Came)** (Degree or title) **-3** 23b. ADDRESS **Pleasant Hill, Mo.** 23c. DATE SIGNED **11/5/55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **11-8-55** 24c. NAME OF CEMETERY OR CREMATORY **Oakland Cemetery** 24d. LOCATION (City, town, or county) (State) **Harrisonville, Missouri**

DATE REC'D BY LOCAL REG. **Nov 8, 1955** REGISTRAR'S SIGNATURE **Dora Barward** 457-0 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Adkinson Bros. Archie, Mo.**

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

FEB 1 1956

RECEIVED
NOV 14 1955
HEALTH DEPARTMENT

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.....
Signature of Student Embalmer

Signed *Rahut W Robinson*

Licensed Embalmer No. 49

P. O. Address *Massachusetts*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.