

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010257

STATE FILE NUMBER

FILED APR 14 1959

Registration District No. 245

Primary Registration District No. 3047

Registrar's No. 31

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, give TOWNSHIP only) Neosho		c. CITY OR TOWN Neosho ⁰⁷³²	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE Home		d. STREET ADDRESS (If outside, give location) 520 E. Spring	
Length of stay in lb 21 Yrs		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Alva Middle Francis Last Pruden		4. DATE OF DEATH Month April Day 3 Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 7, 1884
9. AGE (In years last birthday) 75		10. FUNDING YEAR Months 7 Days 5 Hours 15 Min. 00	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	
11. BIRTHPLACE (City and state or country) Salina, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Fred Pruden		13b. MOTHER'S MAIDEN NAME Ida Brooks	
14. NAME OF HUSBAND OR WIFE Iva			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. 492-20-5114	
17. INFORMANT Iva Pruden		Address Neosho, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4261	
20c. TIME OF INJURY Hour 4:15 a.m. 1952 Month, Day, Year Apr 3 1959			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Neosho		COUNTY Newton STATE Missouri	
21. I attended the deceased from 4:15 A.M. 1952 to Apr 3 1959 and last saw him alive on Mar 29 1959 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Alva Pruden</i>		22b. ADDRESS Neosho Mo	
22c. DATE SIGNED 4-4-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-6-59	
23c. NAME OF CEMETERY OR CREMATORY Neosho Memorial Park		23d. LOCATION (City, town, or county) (State) Neosho, Missouri	
24. FUNERAL DIRECTOR Clark Funeral Home		ADDRESS Neosho, Mo	
25. DATE RECD. BY LOCAL REG. 4-5-59		26. REGISTRAR'S SIGNATURE <i>Melvin C. Bowman, M.D.</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

69561 97 " " " "

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 Fred L. Clark

Licensed Embalmer No. 5056

P. O. Address 312 So. Wood

Memphis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.