

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-013130

STATE FILE NUMBER

Registration District No. 141 Primary Registration District No. 5551 Registrar's No. 47

FILED MAY 3 1959

1. PLACE OF DEATH a. COUNTY <u>North</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Boyer</u>	
b. CITY OR TOWN <u>West Plains</u>		c. CITY OR TOWN <u>Clarks Ridge</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Norway 160 S</u>		d. STREET ADDRESS <u>Instant</u>	

3. NAME OF DECEASED (Type or print) <u>Mrs. Mafine Pruitt</u>			4. DATE OF DEATH Month <u>4</u> Day <u>26</u> Year <u>1959</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>9-16-</u>	9. AGE (In years last birthday) <u>16</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>8</u>

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>	10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and state or country) <u>Boyer Co., Ark.</u>	12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/>
13a. FATHER'S NAME <u>David Pruitt</u>	13b. MOTHER'S MAIDEN NAME <u>Rhena Oels</u>	14. NAME OF HUSBAND OR WIFE <u>David Pruitt</u>	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT <u>David Pruitt</u> Address <u>Clarks Ridge, Ark.</u>
--	--	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Tuberculosis pending -</u>		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 checked="" 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.) <u>Car wreck Norway 160 S West Plains, Mo</u>
20c. TIME OF INJURY <u>8:45</u> p.m. <u>4-26-59</u>	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Norway 160 S</u>	20f. CITY, TOWN, OR LOCATION <u>West Plains</u>	COUNTY <u>North</u>	STATE <u>Mo</u>
21. I attended the deceased from <u>8:45 P.M.</u> to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>Beatrice Cook</u> (Degree or title) <u>Registrar</u>	22b. ADDRESS <u>West Plains, Mo</u>	22c. DATE SIGNED <u>4-28-59</u>
---	--	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>None</u>	23b. DATE <u>4/26-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>None</u>	23d. LOCATION (City, town, or county) <u>None, Ark</u>	State <u>Ark</u>
--	-----------------------------	---	---	---------------------

24. FUNERAL DIRECTOR <u>Memorial Fun. Home</u>	ADDRESS <u>None, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>4-28-59</u>	26. REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>
---	----------------------------	--	---

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

JAN 14 1980

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 ..... Signed .....  
Signature of Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.