

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-046595

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 1865

FILED DEC 21 1962

VS 300
Rev. 4/59

10397
20397

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Greene		a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		c. CITY OR TOWN Springfield,	
Length of stay in lb 30 years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Springfield Baptist Hospital		d. STREET ADDRESS (If outside, give location) 933 Kingsbury	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First JOSEPHINE Middle PRUITT Last PRUITT		Month December Day 17, Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH March 12, 1883
9. AGE (last birthday) 79		IF UNDER 1 YEAR Months 9 Days 5	IF UNDER 24 HR Hours 5 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife		10b. KIND OF BUSINESS OR INDUSTRY In Home	11. BIRTHPLACE (City and state or country) Mt. Vernon, Missouri
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Francis Marion Howard	
13b. MOTHER'S MAIDEN NAME Ellen Davis		14. NAME OF HUSBAND OR WIFE John W. Pruitt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None		16. SOCIAL SECURITY NO. 	
17. INFORMANT Mrs. Kenneth Harris		Address Springfield, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Cerebral Artery Thrombosis			10 years
DUE TO (b) Cerebral Arteriosclerosis			
DUE TO (c) Fracture of left humerus			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arterio deformans			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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.) Fall in home	
20c. TIME OF INJURY Hour a.m. p.m. Dec. 12, 1962		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 bldg., etc.) In Home		20f. CITY, TOWN, OR LOCATION Springfield COUNTY Greene, STATE Missouri	
21. I attended the deceased from Oct. 1945 to Dec. 18, 1962 and last saw her live on Dec. 17, 1962			
Death occurred at 7:28 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>John L. Taylor, M.D.</i> (degree or title)		22b. ADDRESS S. M. S. Health Center Springfield, Missouri	
22c. DATE SIGNED 12/18/62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 10, 1962	23c. NAME OF CEMETERY OR CREMATORY I. O. O. F.	23d. LOCATION (City, town, or county) (State) Springfield, Missouri
24. FUNERAL DIRECTOR ADDRESS Gorman-Scharpf Funeral Home, Inc. Springfield, Missouri		25. DATE RECD. BY LOCAL REG. 12-18-62	
		26. REPORTER'S SIGNATURE <i>Effie S. Melton</i>	

USE BLACK INK
OR
TYPEWRITER RIBBON

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 L. Doolin Gorman

Licensed Embalmer No. 3777

P. O. Address Springfield 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.

Permit
13-18-62