MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-016774
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0620
2 0620
3 1
4 1
5 2
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7 0
8 0
9 151X
10
11
12 90-0
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

Registration District No. 206 Primary Registration District No. 5751 Registrar's No. 52

FILED MAY 14 1963

1. PLACE OF DEATH
a. COUNTY MADISON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FREDERICKTOWN — Length of stay in 1b: 89 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) RURAL ROUTE 2 — Inside Limits: Yes ☐ No ☑

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY MADISON
c. CITY OR TOWN FREDERICKTOWN — Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) RURAL ROUTE 2 — Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First MARTHA Middle CAROLINE Last PRUETT
4. DATE OF DEATH: Month MAY Day 5 Year 1963
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: 7-25-1873
9. AGE (last birthday): 89 — IF UNDER 1 YEAR: Months 9 Days 10 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (City and state or country): MADISON COUNTY MO.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: A.K. MOUSER
13b. MOTHER'S MAIDEN NAME: MARTHA HOVIS
14. NAME OF HUSBAND OR WIFE: GEORGE PRUETT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of
16. SOCIAL SECURITY NO.:
17. INFORMANT: DOSHIA PRUETT, Address: FREDERICKTOWN, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma stomach
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: years
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4/24/63 to 5/5/63 and last saw her alive on 5/4/63
Death occurred at 110 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M Brooman (Degree or title) MD
22b. ADDRESS Fredericktown Mo
22c. DATE SIGNED 5/6/63

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 5-7-63
23c. NAME OF CEMETERY OR CREMATORY LITTLE VINE CEMETERY
23d. LOCATION (City, town, or county) MADISON COUNTY (State) MISSOURI

24. FUNERAL DIRECTOR SAM NAJIM, Jr. ADDRESS FREDERICKTOWN, MO.
25. DATE RECD. BY LOCAL REG. 5-6-1963
26. REGISTRAR'S SIGNATURE Florence Hicks

(Licensed Embalmer's Statement on Reverse Side)

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 Sam Rajin, Jr

Licensed Embalmer No. 4299

P. O. Address Fredericktown, 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.