

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036694

STATE FILE NUMBER

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 188

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 25 1963

VS 300
Rev. 4/59

10497
20497

3
4 0
5 1
6
7 1
8 2
9 4344
10
11
12 92-8
13 3-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE MO. b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CARTHAGE		Length of stay in 1b 3 YRS.	c. CITY OR TOWN CARTHAGE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA MCCUNE BROOKS HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 322 S. CASE ST. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CLAUDE Middle FRANK Last PRUITT			4. DATE OF DEATH Month SEPT. Day 18 Year 1963
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 7/1/94
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER, GROCER		10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE GROCERY STORE	9. AGE (last birthday) 69 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HR: Hours _____ Min. _____
11a. FATHER'S NAME WILLIAM G. PRUITT		11b. MOTHER'S MAIDEN NAME ALICE CLEVER	11c. NAME OF HUSBAND OR WIFE ETHEL M. PRUITT
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates) NOS		13. SOCIAL SECURITY NO. 735	14. INFORMANT Address MRS. ETHEL PRUITT, CARTHAGE, MO.
15. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) NATURAL CAUSES			INTERVAL BETWEEN ONSET AND DEATH INSTANT
DUE TO (b) HISTORY OF HEART AILMENT. HAD CONSULTED			
DUE TO (c) DR. RICHARD COHLE (M.D.) 2 YEARS AGO.			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
16. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	17. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	18. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
19. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <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	COUNTY _____ STATE _____
21. I attended the deceased from DID NOT ATTEND and last saw her/him alive on _____ Death occurred at 9:45 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Elly Clinton, Local Registrar</i>		22b. ADDRESS <i>1238 Grand, Carthage, Mo.</i>	22c. DATE SIGNED <i>9-20-63</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 9/20/63	23c. NAME OF CEMETERY OR CREMATORY PARK CEMETERY	23d. LOCATION (City, town or county) (State) CARTHAGE, MO.
24. FUNERAL DIRECTOR ADDRESS ULMER FUNERAL HOME, CARTHAGE, MO.		25. DATE RECD. BY LOCAL REG. 9-20-63	26. REGISTRAR'S SIGNATURE <i>Elly Clinton</i>

USE BLACK INK OR TYPEWRITER RIBBON

SEP 26 1963

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 Melvin Lavett

Licensed Embalmer No. 5121

P. O. Address CARTHAGE, 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.