

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-038431

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 2789

STATE FILE NUMBER

**FILED SEP 23 1963**

VS 300  
Rev. 4/59

1 4041  
2 8120

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Illinois</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Sunset Hills</b>		Length of stay in 1b <b>5 days</b>	c. CITY OR TOWN <b>Mattoon</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Peace Haven Nursing Home</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1509 Lafayette</b>
3. NAME OF DECEASED (Type or print) First <b>IONE</b> Middle <b>M.</b> Last <b>FRUITT</b>		4. DATE OF DEATH Month <b>Sept.</b> Day <b>6</b> Year <b>1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-19-1886</b>
9. AGE (last birthday) <b>76</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bookkeeper</b>	11. BIRTHPLACE (City and state or country) <b>Tuscola, Ill.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>William Fruitt</b>		13b. MOTHER'S MAIDEN NAME <b>Maty Elizabeth Knight</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No None</b>		17. INFORMANT <b>Lanceford Fruitt-Fredricksburg, Va.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Unknown natural causes</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Unk</b>
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)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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.)			
20c. 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 _____ to _____ and last saw her/him alive on _____ Death occurred at <b>DOA Co. Hosp. 4:34 A.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Raymond Harris</i> (Degree or title) <b>Coroner</b>		22b. ADDRESS <b>Clayton, Missouri</b>	22c. DATE SIGNED <b>9/16/63</b>
23a. BURIAL, CREMATION, or DATE REMOVAL (Specify) <b>Removal!</b>	23b. NAME OF CEMETERY OR CREMATORY <b>Dodge Grove Cem.</b>	23c. LOCATION (City, town, or county) <b>Mattoon, Ill.</b>	(State)
24. FUNERAL DIRECTOR <b>Schillings Funeral Home-Mattoon, Ill.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>9-7-63</b>	26. REGISTRAR'S SIGNATURE <i>John C. Murphy M.D.</i>

USE BLACK INK OR TYPEWRITER RIBBON

1941-1942

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

STATEMENT BY LICENSED EMBALMER

Signed Hertbert J. Ganj  
 Licensed Embalmer No. 4800  
 P. O. Address Kerkwood 32 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.

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ILL received  
 the above  
 82-3-2  
 Invoice  
 ILL received - each Invoice's serial number