

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-043146

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 520 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED NOV 20 1963

VS 300 Rev. 4/59

1 0168

2 0160

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4 0

5 1

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7 0

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9 159X

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12 2-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau, Mo.</u> Length of stay in 1b		c. CITY OR TOWN <u>Millersville</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rt. # <u>2,</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED First Middle Last <u>WILLIAM E. PRUITT</u>			4. DATE OF DEATH Month Day Year <u>Nov. 15 1963</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-1-1896</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Operator Of Restaurant & Etc.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	9. AGE (last birthday) <u>67</u>
13a. FATHER'S NAME <u>Lawrence J. Pruitt</u>		13b. MOTHER'S MAIDEN NAME <u>Adelia Griffith</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		14. NAME OF HUSBAND OR WIFE <u>Mrs. Hester Pruitt</u>	
17. INFORMANT <u>Hester M. Pruitt</u> Address <u>Millersville Mo</u>		11. BIRTHPLACE (City and state or country) <u>Hannibal, Missouri</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>Carcinoma Pancreas - C & D Met.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 weeks</u>
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 (e)			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 checked="" type="checkbox"/> NO <input 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 <u>11-13-63</u> to <u>11-15-63</u> and last saw him alive on <u>11-15-63</u> Death occurred at <u>4:30 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) <u>Frank Hall MD.</u>		22a. ADDRESS <u>Cape Girardeau, Mo</u>	22c. DATE SIGNED <u>11-15-63</u>
23b. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23c. DATE <u>11-17-63</u>	23d. NAME OF CEMETERY OR CREMATORY <u>Mc Sterling</u>	23e. LOCATION (City, town, or county) (State) <u>Massac County Illinois</u>
24. FUNERAL DIRECTOR ADDRESS <u>Madys K Morris Brookport</u>	25. DATE RECD. BY LOCAL REG. <u>11-18-63</u>	26. REGISTRAR'S SIGNATURE <u>Drew Kasten</u>	

211. (Licensed Embalmer's Statement on Reverse Side)

011111-2011

STATE OF ILLINOIS DEPARTMENT OF HEALTH

2013
2013

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 Gladys K Morris, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Gladys K. Morris

Licensed Embalmer No. 7590 (Illinois)

P. O. Address P.O. Box #215
Breokport, Illinois

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.

[Handwritten notes and signatures at the bottom of the page, including "2013" and "2013" written vertically on the right side.]

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-013146

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 520 STATE FILE NUMBER

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FILED NOV 20 1963

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau County</u>		2. USUAL RESIDENCE: Where deceased lived. If institution: Residence before admission a. STATE <u>Mo.</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau, Mo.</u> Length of stay in lb		c. CITY OR TOWN <u>Millersville</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Rt. # 2.</u> Reside on farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>LAWRENCE</u> Middle <u>WILLIAM</u> Last <u>PRUITT</u>		4. DATE OF DEATH Month <u>Nov.</u> Day <u>15</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-1-1896</u>
9. AGE (to birthday) <u>67</u>		10. IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	11. IF UNDER 24 HR Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Operator Of Restaurant & Etc.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (City and state or country) <u>Hannibal, Missouri</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13. FATHER'S NAME <u>Lawrence J. Pruitt</u>	
14. MOTHER'S MAIDEN NAME <u>Adelle Griffith</u>		15. NAME OF HUSBAND OR WIFE <u>Mrs. Hester Pruitt</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT <u>Hester M. Pruitt</u> Address <u>Millersville Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line in (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma Breast & Col. Met.</u> CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE (last). DUE TO (b) <u> </u> DUE TO (c) <u> </u> 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 checked="" type="checkbox"/> NO <input 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 <u> </u> a.m. <u> </u> 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 <u>11-13-63</u> to <u>11-15-63</u> and last saw him alive on <u>11-15-63</u> . Death occurred at <u>11:30 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE <u>Frank Hall Mo</u> (Degree or title)		22a. ADDRESS <u>Cape Girardeau, Mo</u>	22c. DATE SIGNED <u>11-15-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11-17-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Stephen</u>	23d. LOCATION (City, town, or county) (State) <u>Massac County Illinois</u>
24. FUNERAL DIRECTOR <u>Glady's K Morris</u> ADDRESS <u>Brookport</u>	25. DATE RECD. BY LOCAL REG. <u>11-18-63</u>	26. REGISTRAR'S SIGNATURE <u>Frank Koster</u>	

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

4-30-01 SD

William

Lawrence

DOCUMENT Obituary BY AFFIDAVIT OF next of kin MEDICAL CERTIFICATION

