

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

83-043444
STATE FILE NUMBER

Registration District No. 120 Primary Registration District No. 4194 Registrar's No. 112

FILED DEC 13 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0380

2 0380

3

4 1

5 1

6

7 0

8 2

9 1538

10

11

12 2-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Gentry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gentry			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Albany		Length of stay in 1b 12 days		c. CITY OR TOWN Darlington	
c. FULL NAME OF HOSPITAL OR INSTITUTION Gentry County Memorial Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Darlington, Missouri	
3. NAME OF DECEASED (Type or print) First VARINA Middle MAUDE Last PRUDEN			4. DATE OF DEATH December 4, 1963		
5. SEX female	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 6/4/06	9. AGE (last birthday) 57	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and state or country) Darlington, Missouri	
12. CITIZEN OF WHAT COUNTRY U.S.		13a. FATHER'S NAME Charles Byron Miller		13b. MOTHER'S MAIDEN NAME Mary F. Whitton	
14. NAME OF HUSBAND OR WIFE Glade Pruden		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. [redacted]	
17. INFORMANT Mr. Glade Pruden		Address Darlington, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer of the colon 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 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.		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>11/1/62</u> to <u>12/4/63</u> and last saw her/him alive on _____ Death occurred at <u>3:10 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Bernie Parsons MD</i> (Degree or title)		22b. ADDRESS <i>Albany Mo</i>		22c. DATE SIGNED <u>12/7/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE Dec 7, 1963		23c. NAME OF CEMETERY OR CREMATORY Rouse	
23d. LOCATION (City, town, or county) Darlington, Missouri		24. FUNERAL DIRECTOR Brooks-Cochell Funeral Home		25. DATE RECD. BY LOCAL REG. 12-8-63	
ADDRESS Albany, Mo.		26. REGISTRAR'S SIGNATURE <i>Mrs. L. W. Bare</i>			

Recd
12-8-63

DEC 18 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 me, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald E. Coakley

Licensed Embalmer No. 1868

P. O. Address Albany, 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.