

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037471
STATE FILE NUMBER

FILED OCT 28 1958 Registration District No. 4448 Primary Registration District No. 6024 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Polk Twp</u>		c. CITY OR TOWN <u>Elmira</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1/2 mile S. of Elmira</u>		Length of stay in lb <u>2-WEEKS</u>	
STREET ADDRESS <u>6890</u>		(If outside, give location) <u>none</u>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last <u>BARBARA JEAN PRUITT</u>			4. DATE OF DEATH Month Day Year <u>Oct. 17, 1958</u>		
5. SEX <u>Female</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>AUG. 18, 1936</u>	9. AGE (In years last birthday) <u>22</u>	IF UNDER 1 YEAR Months Days <u>0 0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>E</u>	11. BIRTHPLACE (City and state or country) <u>MOUNTAIN VIEW, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>CLYDE THOMAS</u>		13b. MOTHER'S MAIDEN NAME <u>LUCILLE HUNTSMAN</u>	14. NAME OF HUSBAND OR WIFE <u>TEDDY J. PRUITT</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>490-40-7457</u>	17. INFORMANT Address <u>Mr. Teddy Pruitt Elmira, Mo</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>Acute hydrocephalus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 hrs?</u>
DUE TO (b) <u>Colloid cyst of third ventricle</u>		
DUE TO (c) <u>223X</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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 Month, Day, Year a.m. p.m.		
20d. INJURY OCCURRED WHILE AT <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 10-16-58 to 10-16-58 and last saw her ^{him} live on 10-16-58
Death occurred at 2:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>George E. Sanders MD</u> (Degree or title)	22b. ADDRESS <u>Excelsior Springs, Mo</u>	22c. DATE SIGNED <u>10-17-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>10-18-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mountain View</u>	23d. LOCATION (City, town, or county) (State) <u>Mountain View - MO</u>
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24. FUNERAL DIRECTOR <u>Garmon Richard Home</u> ADDRESS <u>Lawton</u>	25. DATE RECD. BY LOCAL REG. <u>10-21-1958</u>	26. REGISTRAR'S SIGNATURE <u>Malcol Jackson</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Ralph Van Landingham*

Licensed Embalmer No. *4029*
Florida Springs, 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.