

FILED JAN. 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

On *Jan 4* 1950 40837
State File No. *1006-A*

BIRTH NO. _____ REG. DIST. NO. *128* PRIMARY REG. DIST. NO. *3000* Registrar's No. *1006-A*

1. PLACE OF DEATH a. COUNTY <i>Greene</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Stone</i>	
b. CITY (If outside corporate limits, write RURAL and give town) <i>Springfield</i>	c. LENGTH OF STAY (In this place) <i>two weeks</i>	c. CITY (If outside corporate limits, write RURAL and give township) <i>Rural Lincoln Township</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Springfield Baptist Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>R#1 Salena</i>	

3. NAME OF DECEASED a. (First) <i>Clyde</i>	b. (Middle) <i>Elmore</i>	c. (Last) <i>Pruett</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>Nov 15 1949</i>
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>May 31 1892</i>	9. AGE (In years last birthday) <i>57</i>	IF UNDER 1 YEAR Months <i>5</i> Days <i>15</i>	IF UNDER 12 HRS. Hours <i></i> Mins. <i></i>
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10a. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) <i>Farmer</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Camilla, Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>
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13a. FATHER'S NAME <i>William E. Pruett</i>	13b. MOTHER'S MAIDEN NAME <i>Laura Fulton</i>	14. NAME OF HUSBAND OR WIFE <i>Sylvia Pruett</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <i>499-10-5460</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs Sylvia Pruett</i>	ADDRESS <i>Salena Mo</i>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Bilateral Pulmonary Embolism</i>		<i>One hour</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Fracture shaft of femur.</i> DUE TO (c) <i>Contusion left chest, fracture of two left ribs</i>		<i>3 weeks</i> <i>68124</i> <i>26</i>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<i>3 weeks</i>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Accident</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Highway 44</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>104 Stone Mo</i>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Oct 24 1949 6P</i>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>Run over by School Bus.</i>
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22. I hereby certify that I attended the deceased from *Oct 24, 1949*, to *Nov 15, 1949*, that I last saw the deceased alive on *Nov 15, 1949*, and that death occurred at *2 P m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Daniel L Yancey M.D.</i> (Degree or title)	23b. ADDRESS <i>Springfield Mo</i>	23c. DATE SIGNED <i>Dec 22 1949</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>Dec 18 - 1949</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Mars Hill</i>	24d. LOCATION (City, town, or county) (State) <i>Barry Co. Mo</i>
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DATE REC'D BY LOCAL REG <i>12-23-49</i>	REGISTRAR'S SIGNATURE <i>W.S. Hardy M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>George A. Manlove</i>	ADDRESS <i>Crewe Mo</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

39
28

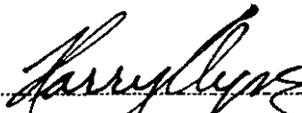
STATEMENT BY LICENSED EMBALMER

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.

Signed.....



Signed.....
Student Embalmer

Licensed Embalmer No. 74594

P. O. Address Springfield, 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 this body is not embalmed, fact should be so stated above.