

FILED JUN 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19083

BIRTH NO. _____ REG. DIST. NO. 836 PRIMARY REG. DIST. NO. 6135 Registrar's No. 61

1010

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Shannon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shannon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Spring Twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Sinkin Twp	
c. LENGTH OF STAY (in this place) 5 mo		d. STREET ADDRESS (If rural, give location) Spring Creek Hardage, Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION None Hardage, Mo			

3. NAME OF DECEASED (Type or Print) Camilla Prugh			4. DATE OF DEATH (Month) (Day) (Year) May 5, 1950		
a. (First)		b. (Middle)		c. (Last)	

5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 8/17/1870	9. AGE (In years less birthday) 79	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Mins.
----------	--------------------	--	----------------------------	------------------------------------	------------------------	----------------------	-----------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Germany	12. CITIZEN OF WHAT COUNTRY? U.S.
---	-----------------------------------	---	-----------------------------------

13a. FATHER'S NAME No record	13b. MOTHER'S MAIDEN NAME No record	14. NAME OF HUSBAND OR WIFE Walter Prugh
------------------------------	-------------------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. --	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Walter B. Prugh, Salem, Mo
---	----------------------------	--

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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart trouble		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4343
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
--	--	---------------------------

22. I hereby certify that I attended the deceased from 3-2-50 to 5-5-50, that I last saw the deceased alive on 5-3-50, 19, and that death occurred at 3:55 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. L. Henson, M.D.	23b. ADDRESS Bunker, Missouri	23c. DATE SIGNED 5/6/50
---	-------------------------------	-------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/7/50	24c. NAME OF CEMETERY OR CREMATORY Delmar Cemetery	24d. LOCATION (City, town, or county) (State) Shannon Co., Mo
--	------------------	--	---

DATE REC'D BY LOCAL REG. 5-20-50	REGISTRAR'S SIGNATURE G. B. R... 306	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cal L. Spencer Salem, Mo
----------------------------------	--------------------------------------	---

RECEIVED 5-27-50
District Health Officer No. 5,
District File Number 550 318
Date Filed 5-31-50

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, of

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Wm. W. McLenahan

Licensed Embalmer No. 3806

P. O. Address Salem, 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.