.S. No. 300
tv. 10.48

FILED AUG 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BARN HAM 26717

State File No. .....

BIRTH NO. / REG. DIST. NO. 147 PRIMARY REG. DIST. NO. 4231 Registrar's No. 25

5460

1. PLACE OF DEATH
a. COUNTY Howell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain View
c. LENGTH OF STAY (In this place) 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE ~~Texas~~ Mo. b. COUNTY Texas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Willow Springs 1070
d. STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED (Type or Print) a. (First) Florence b. (Middle) Sarah c. (Last) Pruett

4. DATE OF DEATH (Month) (Day) (Year) Aug 17-50

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH March 20-1884
9. AGE (In years last birthday) 66 IF UNDER 1 YEAR Months 4 Days 28 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Texas Co. Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Houston
13b. MOTHER'S MAIDEN NAME Hannah Talbert
14. NAME OF HUSBAND OR WIFE Sam Pruett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elizabeth Twidwell Mtn View, 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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

331X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1950, *to* Aug 17, 1950, *that I last saw the deceased alive on* Aug 17, 1950, *and that death occurred at* 4 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Stanley Barnum (Degree or title) D.O.
23b. ADDRESS Mountain View, Mo
23c. DATE SIGNED 8-18-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8-19-50
24c. NAME OF CEMETERY OR CREMATORY Houston Rural
24d. LOCATION (City, town, or county) (State) Willow Springs, Mo.

DATE REC'D BY LOCAL REG. 8-18-50
REGISTRAR'S SIGNATURE Laura Mitchell 126
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Duncan Funeral Home Mtn View, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED AUG 21 1950
Dist. File 850-1005
Date Filed 8-22-50

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, or by ..... Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed Joe R. Duncan

Licensed Embalmer No. 4325

P. O. Address Mtn. View, 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.