

FILED SEP 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32357

State File No.

BIRTH NO. _____ REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 6148 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Castor</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Castor</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>----</u>		d. STREET ADDRESS (If rural, give location) <u>Bloomfield, Rural</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>FANNIE</u>		b. (Middle) <u>BELL</u> c. (Last) <u>EAVES</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 3, 1950</u>			
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow 2</u>	8. DATE OF BIRTH <u>Jan. 10, 1878</u>
9. AGE (In years last birthday) <u>72</u>		10. MONTHS <u>7</u> DAYS <u>23</u> HOURS <u></u> MIN. <u></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>---</u>	
11. BIRTHPLACE (State or foreign country) <u>Near Bloomfield, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Layton Pruitt</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Whitehead</u>	
14. NAME OF HUSBAND OR WIFE <u>Deceased</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>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ira Young</u>		ADDRESS <u>Bloomfield, Mo. R. #1</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 <u>Sept 2, 1950</u> , to <u>Sept 2, 1950</u> , that I last saw the deceased alive on <u>Sept 2, 1950</u> , and that death occurred at <u>10a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. H. Davis</u> (Degree or title)		23b. ADDRESS <u>Bloomfield, Mo.</u>	
23c. DATE SIGNED <u>Sept 12, 1950</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 4, 50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Walkers cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Stoddard co. Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 12-50</u>		REGISTRAR'S SIGNATURE <u>Rose Webster</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>CHILES UND. CO.</u>		ADDRESS <u>Bloomfield, Mo.</u>	

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

1030

RECEIVED

SEP 18 1950

DISTRICT HEALTH OFFICE No.

No.

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed No Embalming.....

Signed.....
Student Embalmer

Licensed Embalmer No.

P. O. Address.....

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.