

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

30009

State File No.

FILED SEP 24 1951

128

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. **2000** Registrar's No. **804**

396
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 PERMANENT RECORD
 MAKE A PERMANENT RECORD
 WHILE PLAINLY—USING UNFADING BLACK INK—

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE MISSOURI b. COUNTY HOWELL	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) RURAL CHAPPEL TWP.	
c. LENGTH OF STAY (in this place) 2 days		d. STREET ADDRESS (If rural, give location) 7 MI SOEAST MOUNTAIN VIEW.	
d. FULL NAME OF HOSPITAL OR INSTITUTION OZARK OSTEOPATHIC HOSPITAL			

3. NAME OF DECEASED (Type or Print)	a. (First) MAXINE	b. (Middle) MAMIE	c. (Last) PRUETT	4. DATE OF DEATH (Month) (Day) (Year) 9 18 1951
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED-REMARIED	8. DATE OF BIRTH DEC. 27th 1921	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 30
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (State or foreign country) ALLWEE, OKLAHOMA	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME JAMES C. BROOKSHIRE	13b. MOTHER'S MAIDEN NAME GRACE LEE DAVIS	14. NAME OF HUSBAND OR WIFE GEORGE WASHINGTON PRUETT
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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. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME George Washington Pruett	ADDRESS 1355 EAST SUNSHINE
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) SEPTICEMIA		INTERVAL BETWEEN ONSET AND DEATH 8 DAYS
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) LUDWIG'S ANGINA		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CHILD BIRTH, SEPT. 14, 1951			517 X 6

19a. DATE OF OPERATION SEPT 17 1951	19b. MAJOR FINDINGS OF OPERATION LARGE AMOUNT OF FRESH BLOOD FROM ACCESS INCISION.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (Min.) _____	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 **SEPT 17, 1951**, to **SEPT 18, 1951**, that I last saw the deceased alive on **SEPT 17, 1951**, and that death occurred at **2:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Frank Needham (Degree or title) _____	23b. ADDRESS 5012 SPRINGFIELD, MISSOURI	DATE SIGNED SEPT 18, 1951
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/20/51	24c. NAME OF CEMETERY OR CREMATORY Mountain View, Mo.	24d. LOCATION (City, town, or county) (State) Mountain View, Mo.
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DATE REC'D BY LOCAL REG. 9-18-51	REGISTRAR'S SIGNATURE W. E. Handley	25. FUNERAL DIRECTOR'S SIGNATURE H. H. LOHMEYER,	ADDRESS SPRINGFIELD, MO.
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STATEMENT BY LICENSED EMBALMER

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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 Lucien S. Swadley

Licensed Embalmer No. 4815

P. O. Address Springfield

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.