

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34218**

FILED OCT 20 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1095**

0117  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>DuShane</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Putnam</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Union Mo, 1260</b>	
c. LENGTH OF STAY (In this place) <b>14 yrs 5 m 29 d</b>		d. STREET ADDRESS (If rural, give location) <b>Rural</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>State Hospital # 2</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Hena</b> b. (Middle) <b>Prummitt</b> c. (Last) <b>Prummitt</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>10 13 1952</b>		
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5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>July 13 1891</b>		9. AGE (In years last birthday) <b>61</b>		IF UNDER 1 YEAR Months <b>3</b> Days <b>0</b>		IF UNDER 100 HRS. Hours <b>0</b> Min. <b>0</b>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <b>American</b>			12. CITIZEN OF WHAT COUNTRY? <b>American</b>		
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13a. FATHER'S NAME <b>Wm Prummitt</b>			13b. MOTHER'S MAIDEN NAME <b>Arsh Berry</b>			14. NAME OF HUSBAND OR WIFE		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>Nil</b>		17. INFORMANT'S SIGNATURE OR NAME <b>C. Cassins</b>		ADDRESS <b>State Hospital</b>	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis</b>						INTERVAL BETWEEN ONSET AND DEATH <b>chronic</b>	
		ANTECEDENT CAUSES DUE TO (b) <b>Pneumonia hypostatic 2 days</b>							
		DUE TO (c) <b>Status Epilepticus</b>						<b>3 days</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Psychotic</b>						<b>14 yrs +</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4222</b>						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **10-13 1952**, to **10-13 1952**, that I last saw the deceased alive on **10-13 1952**, and that death occurred at **10:10 p.m.**, from the cause and on the date stated above.

23a. SIGNATURE <b>C. Cassins</b>		23b. ADDRESS <b>State Hospital # 7</b>		23c. DATE SIGNED <b>10-13-1952</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>10/14/52</b>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>Unionville Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>Oct 17, 1952</b>		REGISTRAR'S SIGNATURE <b>Carl E. Casby</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Stameny Funeral Home St Joseph</b>		ADDRESS <b>St Joseph</b>	
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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 Charles E. Bennett

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4677

P. O. Address. St Joseph 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.