

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42616

State File No. 588

FILED JAN 7 1953  
109 + 117

RECEIVED  
REGISTRY

BIRTH NO. <u>109 + 117</u>		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2091</u>		Registrar's No. <u>588</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u> b. CITY (If outside corporate limits, write RURAL and give town or townships) <u>Joplin</u> c. LENGTH OF STAY (in this place) <u>1 hr</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Freeman Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> c. CITY (If outside corporate limits, write RURAL and give town or townships) <u>Joplin</u> d. STREET ADDRESS (If rural, give location) <u>1721 Byers</u>			
3. NAME OF DECEASED a. (First) <u>RICHARD</u> b. (Middle) <u>ALLEN</u> c. (Last) <u>PRUITT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 21, 1952</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>October 21, 1952</u>	
9. AGE (In years last birthday) <u>0</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>		IF UNDER 12 HRS. Hours <u>1</u> Min. <u>17</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Ralph H. Pruitt</u>			13b. MOTHER'S MAIDEN NAME <u>Evelyn West</u>			14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ralph H. Pruitt</u> ADDRESS <u>Joplin, Mo.</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>immature</u>							
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Maternal Abruptio placenta</u>							
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 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)		7615	
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?		
22. I hereby certify that I attended the deceased from <u>10-21</u> , 1952, to <u>10-21</u> , 1952, that I last saw the deceased alive on <u>10-21</u> , 1952, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>John E. Burch, M.D.</u> (Degree or title)				23b. ADDRESS <u>607 Main Joplin, Mo.</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-22-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Joplin Missouri</u>		
DATE REC'D BY LOCAL REG. <u>1-3-53</u>		REGISTRAR'S SIGNATURE <u>Ed James</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hedge Lewis</u>		ADDRESS <u>Webb City, Mo.</u>	

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

495

RECEIVED 1-5-53  
Jasper County Health Office

County File Number 53/3/17

Date Filed 1-6-53

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 Leonard J. Lewis Jr.

Licensed Embalmer No. 14561

P. O. Address Webb Co. Mo.

*Was not embalmed externally. Used cotton  
pads in strong solution of arterial fluid.*

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.