

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. 977

No. 200  
10. 48  
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**FILED FEB 6 1953**

REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 4190 Registrar's No. L

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)	
a. COUNTY <b>GASCONADE</b>	b. CITY (If outside corporate limits, write RURAL and give township) <b>BLAND</b>	c. LENGTH OF STAY (In this place) <b>5 yrs</b>	d. STREET ADDRESS (If rural, give location) <b>0</b>
a. STATE <b>MISSOURI</b>		b. COUNTY <b>GASCONADE</b>	
c. CITY (If outside corporate limits, write RURAL and give township) <b>BLAND</b>		d. STREET ADDRESS <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>FAMILY HOME</b>			

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b>		
a. (First) <b>GEORGE</b>	b. (Middle) <b>W.</b>	c. (Last) <b>PRUITT</b>	(Month) <b>JAN</b>	(Day) <b>5th</b>	(Year) <b>1953</b>
<b>5. SEX</b> <b>MALE</b>	<b>6. COLOR OR RACE</b> <b>WHITE</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>MARRIED</b>	<b>8. DATE OF BIRTH</b> <b>APRIL 10-1869</b>		
<b>9. AGE</b> (In years: last birthday) <b>84 yrs</b>			<b>IF UNDER 1 YEAR</b> Months	<b>IF UNDER 2 YEAR</b> Days	<b>IF UNDER 24 HRS.</b> Hours
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>farmer</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>own farm</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>MISSOURI</b>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>					

<b>13a. FATHER'S NAME</b> <b>EPHRAIM PRUITT</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>CORA (TERRILL) PRUITT</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>CORA (TERRILL) PRUITT</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>NO</b>		<b>16. SOCIAL SECURITY NO.</b> <b>NONE</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>WILBUR PRUITT</b>	
				<b>ADDRESS</b> <b>BLAND, RFD</b>	

<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>4 yrs.</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Myocardial Degeneration</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Advanced generalized arteriosclerosis</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>4221</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from** Jan. 1949, to 1-3, 1953, that I last saw the deceased alive on 1-5, 1953, and that death occurred at 8:05 a.m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <i>Russell Brunner, M.D.</i>	(Degree or title)	<b>23b. ADDRESS</b> <i>Owensville, Mo.</i>	<b>23c. DATE SIGNED</b> <i>1-7-53</i>
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>BURIAL</b>	<b>24b. DATE</b> <b>JAN 7th 53</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>HIGHGATE BAPTIST</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>MARIES COUNTY, MO.</b>

<b>DATE REC'D BY LOCAL REG.</b>	<b>REGISTRAR'S SIGNATURE</b> <i>363</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>Charles A. ...</i>	<b>ADDRESS</b> <b>BLAND</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 Chester J. [Signature]

Licensed Embalmer No. 4178

P. O. Address Blond - low

**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.