

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13565

State File No. _____

FILED APR 29 1953

BIRTH NO. _____ REG. DIST. NO. 62 PRIMARY REG. DIST. NO. 5241 Registrar's No. 11

0200
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Cedar			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cedar		
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Rural, Madison		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Madison <u>0200</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 Miles E. of Stockton			d. STREET ADDRESS (If rural, give location) 2 Miles E. of Stockton <u>8</u>		
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) THOMAS c. (Last) PRUITT			4. DATE OF DEATH (Month) (Day) (Year) April 11, 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 1, 1868	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months 7
IF UNDER 1 YEAR Days 10	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm Owner
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME George Pruitt		13b. MOTHER'S MAIDEN NAME Sally Ray		14. NAME OF HUSBAND OR WIFE Neela Pruitt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Neela Pruitt, Stockton, Mo.		
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Entericisselrotic lymphoma 4 yrs DUE TO (c) Senility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH hrs
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		4201		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)	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>4-1-</u> , 19 <u>53</u> , to <u>4-11-</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>4-11-</u> , 19 <u>53</u> , and that death occurred at <u>7:00 A.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Wm. B. Rieker, M.D.		23b. ADDRESS Stockton Mo.		23c. DATE SIGNED 4.13.53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-14-1953	24c. NAME OF CEMETERY OR CREMATORY Lindley Prairie	24d. LOCATION (City, town, or county) Cedar County, Mo.		
DATE REC'D BY LOCAL REG. 4-25-53	REGISTRAR'S SIGNATURE Geneva Garrison	54	25. FUNERAL DIRECTOR'S SIGNATURE Canton Funeral Home, Stockton, Mo	ADDRESS	

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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.

Student
Student Embalmer

Signed John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Stockton, 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.