

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17260

State File No. ....

BIRTH NO. FILED MAY 25 1953 REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 190

43  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>CALDWAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LACON</u>					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Fulton Missouri</u> )		c. LENGTH OF STAY (In this place) <u>39 yrs</u>		c. CITY OR TOWN <u>LaCross Missouri</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital no 1</u>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or Print) <u>Hattie</u>		a. (First) <u>Hattie</u>		b. (Middle) <u>PRUITT</u>			
c. (Last) <u>PRUITT</u>		4. DATE OF DEATH <u>May-21-1953</u>		5. SEX <u>female</u>			
6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>seperated</u>		8. DATE OF BIRTH <u>not given</u>			
9. AGE (In years last birthday) <u>89</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>house work</u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>America</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>William Lafasters</u>			
13b. MOTHER'S MAIDEN NAME <u>Not given</u>		14. NAME OF HUSBAND OR WIFE <u>Seperated from Husband</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>Hospital Records</u>		ADDRESS <u>Fulton 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes (Long Standing)</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>260X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) <u>SUICIDE</u>		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>Nov-24-1915</u> , to <u>May-21-1953</u> , that I last saw the deceased alive on <u>May-21-1953</u> , and that death occurred at <u>9:05 A.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>Fulton Mo.</u>		23c. DATE SIGNED <u>5/21/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 23-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hebrew Cemetery</u>			
24d. LOCATION (City, town, or county) (State) <u>W. of College Mound Mo</u>		DATE REC'D BY LOCAL REG. <u>May 21-1953</u>		REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>			
25. FUNERAL DIRECTOR'S SIGNATURE <u>J.B. Patton</u>		ADDRESS <u>1000 S. Huntville, Mo</u>					

**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.....  
Signature of Student Embalmer

Signed *Paul J. Patton*

Licensed Embalmer No. *409*

P. O. Address *Huntville*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail to comply with the above constitutes grounds for revocation of license).**  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.