

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10937

State File No. 16

BIRTH NO. FILED MAR 29 1954 REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 43-15 Registrar's No.

1. PLACE OF DEATH a. COUNTY <i>Sullivan</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>Sullivan</i>	
b. CITY OR TOWN <i>Melan</i>	c. LENGTH OF STAY (In this place) <i>5 da.</i>	c. CITY OR TOWN <i>Osgood</i>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Sullivan Co. Memorial</i>		e. STREET ADDRESS (If rural, give location) <i>1050</i>	

3. NAME OF DECEASED (Type or Print) <i>LEE ROY PRIVITT</i>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <i>3-20-1954</i>
---	------------	-------------	-----------	--

5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>5-20-1885</i>	9. AGE (In years last birthday) <i>68</i>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	IF UNDER 15 MIN. Min.
--------------------	-------------------------------	---	-----------------------------------	---	------------------------	------------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <i>Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
---	-----------------------------------	---	--

13a. FATHER'S NAME <i>Jasper Pruitt</i>	13b. MOTHER'S MAIDEN NAME <i>Luda Jane West</i>	14. NAME OF HUSBAND OR WIFE <i>Ora Pruitt</i>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <i>✓</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Pamela Day from Falls Lake</i>	ADDRESS
--	----------------------------------	--	---------

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		INTERVAL BETWEEN ONSET AND DEATH <i>15 mo</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Lymphatic Leukemia</i>		
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>2040</i>	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) m.	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 *1/1* to *3/20*, 1954, that I last saw the deceased alive on *3/20*, 1954, and that death occurred at *7:30 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>W. H. Harris</i> (Degree or title)	23b. ADDRESS <i>Harris, Mo</i>	23c. DATE SIGNED <i>3/22/54</i>
--	--------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>	24b. DATE <i>3-23-1954</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Camp Ground Cem</i>	24d. LOCATION (City, town, or county) (State) <i>Osgood Mo</i>
---	----------------------------	---	--

DATE REC'D BY LOCAL REG. <i>March 24, 1954</i>	REGISTRAR'S SIGNATURE <i>Mrs. H. B. Harris</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>R. K. Payne</i>	ADDRESS <i>San Galt Mo</i>
--	--	---	----------------------------

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.....  
Signature of Student Embalmer

Signed..... *P. B. Payne Jr.*

Licensed Embalmer No. *34*

P. O. Address *Galt*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.