

FILED SEP 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28518

BIRTH NO.		REG. DIST. NO. 275		PRIMARY REG. DIST. NO. 3053		Registrar's No. 169	
1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla		c. LENGTH OF STAY (In this place) 12hrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rt. Newburg (Rural) Burlington			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Phelps Co. Memorial Hospital				d. STREET ADDRESS (If rural, give location) 14 miles West of Rolla, Mo. 0810			
3. NAME OF DECEASED (Type or Print) Margaret		a. (First)		b. (Middle) Pruitt		c. (Last) Hall	
4. DATE OF DEATH (Month) (Day) (Year) Sept. 3, 1954		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Sept. 17, 1894		9. AGE (In years last birthday) 59		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Louisville, Ky.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) Louisville, Ky.		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME George Pruitt		13b. MOTHER'S MAIDEN NAME Mathron Meeke		14. NAME OF HUSBAND OR WIFE W. J. Hall (deceased)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frances Jackson, Rt. 2, Newburg, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of uterus</u> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>generalized metastasis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 174 X					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Advanced Ca. of fundus of uterus</u>				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, bus, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>Aug 6, 1953</u> , to <u>Sept 3, 1954</u> , that I last saw the deceased alive on <u>Sept 3, 1954</u> , and that death occurred at <u>3:45A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. D. Stricker MD</u>		(Degree or title)		23b. ADDRESS <u>Rolla Mo</u>		23c. DATE SIGNED <u>9-10-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-6-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rolla Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rolla, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 10, 1954</u>		REGISTRAR'S SIGNATURE <u>Nedine L. Stoll</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl J. Glenn</u>		ADDRESS <u>1100 Elm, Rolla, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number _____
Date Filed SEP 13 1954

JUL 8 1951

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 _____

My

working under my personal supervision.

Student Embalmer No.

Carl J Glenn
Carl J Glenn

Signed _____

Signed.....
Student Embalmer

Licensed Embalmer No. 4707

P. O. Address. 1100 Elm, Rolla, 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.