

FILED OCT 28 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32901

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 398

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville</u>	
c. LENGTH OF STAY (in this place) <u>39yrs.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kirkville Osteopathic Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>913 S. Riggin</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Ella</u>	b. (Middle) <u>Combs</u>	c. (Last) <u>Pruitt</u>	4. DATE OF DEATH (Month) (Day) (Year)
	<u>Ella</u>	<u>Combs</u>	<u>Pruitt</u>	<u>10-20-54</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>1-30-1868</u>	9. AGE (In years last birthday) <u>86</u>	10. UNDER 1 YEAR Months	11. UNDER 24 HRS. Hours	12. MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work dominating most of working life, even if retired) <u>Clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13a. FATHER'S NAME <u>Andrew Hatfield</u>	13b. MOTHER'S MAIDEN NAME <u>Jane Warnick</u>	14. NAME OF HUSBAND OR WIFE <u>William R. Pruitt</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Imogene Gear</u>	ADDRESS <u>Des Moines, Iowa</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sepsis &amp; Toxicemia</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Peritonitis</u> DUE TO (c) <u>Perforated &amp; incarcerated Umbilical Hernia</u>		
II. OTHER SIGNIFICANT CONDITIONS-- Conditions contributing to the death but not related to the disease or condition causing death. <u>Alcoholism &amp; Chronic Nephrosclerosis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>624X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 9-14, 1954, to 10-20, 1954, that I last saw the deceased alive on 10-20, 1954, and that death occurred at 15 AM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>David M. Brann No. 3</u>	23b. ADDRESS <u>Kirkville Mo.</u>	23c. DATE SIGNED <u>10-28-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-24-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Queen City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Queen City, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>10-24-54</u>	REGISTRAR'S SIGNATURE <u>I. T. Lambert 1-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Davis &amp; Regal</u>	ADDRESS <u>Kirkville Mo.</u>
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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 Harold K. Kuyal

Licensed Embalmer No. 4296

P. O. Address Yorkville, 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.