FILED FEB 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1784

BIRTH NO. _____ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 5769 Registrar's No. 6

0650 1

1. PLACE OF DEATH
a. COUNTY: Mercer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural — Lindley
c. LENGTH OF STAY (in this place): 5 Mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): No

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Mercer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural 0650 0
d. STREET ADDRESS (If rural, give location): 1 Mile N. Painsville Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): Ray
b. (Middle): Gene
c. (Last): Pruitt

4. DATE OF DEATH (Month) (Day) (Year): 1-23-55

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single 0
8. DATE OF BIRTH: 7-20-1951
9. AGE (In years last birthday): 3 — IF UNDER 1 YEAR: Months 6, Days 3 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and State or Foreign Country): Bethany Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: John Pruitt
13b. MOTHER'S MAIDEN NAME: Identa Barnes
14. NAME OF HUSBAND OR WIFE: None

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. →
17. INFORMANT'S SIGNATURE OR NAME: Identa Pruitt — ADDRESS: Painsville 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Smoke Suffocation —

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Accidental from a fire
DUE TO (c) of their own origin

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

INTERVAL BETWEEN ONSET AND DEATH

E9160 16

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~: Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) 065 (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 1-23-55 3 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Not Attn — Brought *that I last saw the deceased alive on* To my office *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. B. Bristow M.D.
23b. ADDRESS: Princeton Mo
23c. DATE SIGNED: 1/24/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-25-55
24c. NAME OF CEMETERY OR CREMATORY: Wesley Chapel
24d. LOCATION (City, town, or county) (State): Hatfield Mo.

DATE REC'D BY LOCAL REG.: 1-26-55
REGISTRAR'S SIGNATURE: Hall Mosby
25. FUNERAL DIRECTOR'S SIGNATURE: M B Haas — ADDRESS: Bethany Mo

(Licensed Embalmer's Statement on Reverse Side)

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 M B Haas

Licensed Embalmer No. 3899

P. O. Address Bethany, 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.