

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **1787**

FILED JAN 31 1955

BIRTH NO. _____ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 3044 Registrar's No. 1

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Miller	b. CITY (If outside corporate limits, write RURAL and give township) Eldon	a. STATE Missouri	b. COUNTY Miller
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Eldon <u>0661</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 131 S. Walnut		d. STREET ADDRESS (If rural, give location) 131 S. Walnut <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) FANNY	b. (Middle) MATHILDE	c. (Last) PRUTER	4. DATE OF DEATH (Month) (Day) (Year) Jan. 3, 1955
---	----------------------------	--------------------------------	----------------------------	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 19, 1879	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
--------------------------------	---	---	---	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Copenhagen, Denmark <u>4</u>	12. CITIZEN OF WHAT COUNTRY? USA
--	--	---	---

13a. FATHER'S NAME Soren Larsen	13b. MOTHER'S MAIDEN NAME Ellen Jorgensen	14. NAME OF HUSBAND OR WIFE John C. Pruter
--	--	---

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 Mrs. Harriett Hlavacek	ADDRESS Eldon
--	---	---	--------------------------------

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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr. Myocarditis c failure.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension c arteriosclerosis 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 443X	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Nov 1, 1954, to Jan 3, 1955, that I last saw the deceased alive on Jan 1, 1955, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE E. O. Shelton M.D.	(Degree or title)	23b. ADDRESS Eldon, Mo.	23c. DATE SIGNED Jan. 5, 1955
--	-------------------	--	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 6-55	24c. NAME OF CEMETERY OR CREMATORY Eldon	24d. LOCATION (City, town, or county) (State) Eldon, Missouri
---	--------------------------------------	---	--

DATE REC'D BY LOCAL REG. Jan. 5, 1955	REGISTRAR'S SIGNATURE Alvina W. Daltz	25. FUNERAL DIRECTOR'S SIGNATURE Louis B. Phillips	ADDRESS Eldon
--	--	---	--------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

0661

6

STATEMENT BY LICENSED EMBALMER

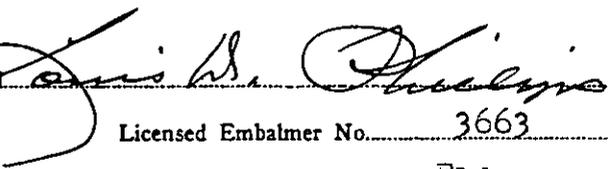
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Louis D. Phillips

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed 

Licensed Embalmer No. 3663

P. O. Address Eldon

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.