

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

FILED FEB 28 1955

STANDARD CERTIFICATE OF DEATH

State File No. **5600**

| | | | | | | | |
|--|--|---|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>217</u> | | PRIMARY REG. DIST. NO. <u>3045</u> | | Registrar's No. <u>21</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Mississippi</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Charleston</u> | | c. LENGTH OF STAY (In this place) <u>3 yrs.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Charleston</u> | | d. STREET ADDRESS (If rural, give location) <u>213 So. Locust St.</u> | |
| 3. NAME OF DECEASED a. (First) <u>Walter</u> b. (Middle) <u>(Pruett)</u> c. (Last) <u>Pruitt</u> | | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 8 1955</u> | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>Negro</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | | 8. DATE OF BIRTH <u>Dec. 16, 1895</u> | |
| 9. AGE (In years last birthday) <u>59</u> | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) <u>Miss.</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | | 13a. FATHER'S NAME <u>Unk.</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unk.</u> | | 14. NAME OF HUSBAND OR WIFE _____ | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>Beatrice Pruett, 517 S. Locust, Charleston, Mo</u> | | | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accident</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Hypertension</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u> <u>?</u> <u>?</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 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) _____ | |
| 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>2/27</u> <u>1955</u> to <u>2/7</u> <u>1955</u> , that I last saw the deceased alive on <u>2/7</u> <u>1955</u> , and that death occurred at <u>12:30 a.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____ | | | | 23b. ADDRESS <u>Charleston Mo.</u> | | 23c. DATE SIGNED <u>2/9/55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Feb. 11, 1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery.</u> | | 24d. LOCATION (City, town, or county) (State) <u>Charleston, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>2-21-55</u> | | REGISTRAR'S SIGNATURE <u>Jean Heames</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>J. J. Sparks</u> | | ADDRESS <u>Charleston, Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

FEB 24 1966

RECEIVED

Miss. Co. Health De

County File No.

Date Filed FEB 26

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

Frank Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.