

No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 17 1955

State File No. 36233

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4022 Registrar's No. 156

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give town) Archie	c. LENGTH OF STAY (In this place) _____	c. CITY OR TOWN Harrisonville	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Highway A - Mo. Pacific Railroad		e. STREET ADDRESS (If rural, give location) 5 Miles N. E. of Archie, Mo. 01770	

3. NAME OF DECEASED (Type or Print) a. (First) Shirley b. (Middle) Patrica c. (Last) Pruett			4. DATE OF DEATH (Month) (Day) (Year) Nov. 5, 1955		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH March 17, 1938	9. AGE (In years last birthday) 17; Months 7; Days 18	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Pleasant Hill, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Sherman Pruett	13b. MOTHER'S MAIDEN NAME Edna Berry	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) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sherman Pruett Rt. 3, Harrisonville, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH with
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Traumatic brain damage		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 8104		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 27	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	21c. (CITY, TOWN, OR TOWNSHIP) Archie (COUNTY) Cass (STATE) Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11 5 55 8:30 A.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Train Car Collision

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE Gerald Jank (Coroner)	(Degree or title) _____	23b. ADDRESS Pleasant Hill, Mo.	23c. DATE SIGNED 11/5/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-8-55	24c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery	24d. LOCATION (City, town, or county) (State) Harrisonville, Missouri

DATE REC'D BY LOCAL REG. NOV 8, 1955	REGISTRAR'S SIGNATURE Doro Barward	457-0	25. FUNERAL DIRECTOR'S SIGNATURE ATTENSON BROS. Archie, Mo.	ADDRESS
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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.....
Signature of Student Embalmer

Signed *Robert W. Atkinson*.....

Licensed Embalmer No. *490*

P. O. Address *Samuel*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.