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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 6 1955

State File No. 36979
4985

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.		
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY JACKSON				
b. CITY OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 44 YEARS		c. CITY OR TOWN KANSAS CITY		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION 1626 SUMMIT				e. STREET ADDRESS (If rural, give location) 1626 SUMMIT 32480				
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) ANDREW c. (Last) PRUITT			4. DATE OF DEATH (Month) (Day) (Year) NOV-15-1955					
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JAN. 2, 1872		
9. AGE (In years last birthday) 83		10. KIND OF BUSINESS OR INDUSTRY RETIRED MAIL CLERK		11. BIRTHPLACE (City and State or Foreign Country) PULASKI COUNTY, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME CREED PRUITT			13b. MOTHER'S MAIDEN NAME MALISA HAMMO		14. NAME OF HUSBAND OR WIFE ROSE LUVINA PRUITT			
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. 703-03-5777		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. ROSE L. PRUITT, 1626 SUMMIT, K.C. 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) Pneumonia - Hypostatic ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma Squamous DUE TO (c) Intestinal Malnutrition II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rectal Hemorrhages					INTERVAL BETWEEN ONSET AND DEATH 48 hrs. 1 yr. 153 X 4 da	
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) (Minute)		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 2:50 ct, 1955, to 14 hrs, 1955, that I last saw the deceased alive on 14 hrs, 1955, and that death occurred at 1:00 a.m., from the causes and on the date stated above.								
23a. SIGNATURE Robert M. Myers (Degree or title)				23b. ADDRESS 1025 Quail to Bldg		23c. DATE SIGNED 15 hrs 55		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Nov. 17, 1955		24c. NAME OF CEMETERY OR CREMATORY GREEN LAWN CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI		
DATE REC'D BY LOCAL REG 11-17-55		REGISTRAR'S SIGNATURE Reva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.W. Thompson's Land 1331 BROWN CREEK 7th Mo.				

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.....
Signature of Student Embalmer

Signed.. *Edward M. St...*

Licensed Embalmer No. *44*

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