

FILED MAY 9 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 14230BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 5945 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Phelps</b>	
b. CITY (If outside corporate limits, write RURAL, and give name of town) <b>Rural-Dillon twsp.</b>		c. LENGTH OF STAY (in this place) <b>20 Yrs</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Light Star Route</b>		e. CITY OR TOWN <b>Rural-Dillon twsp. St. James</b>	
		f. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		STREET ADDRESS (If rural, give location) <b>Light Star Route 0810</b>	
3. NAME OF DECEASED a. (First) <b>MINNIE</b> b. (Middle) <b>CATHERINE</b> c. (Last) <b>PRUETT</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>14 April 1956</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 27, 1875</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years, last birthday) <b>80</b>
11. BIRTHPLACE (City and State or Foreign Country) <b>Phelps County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Joe Henson</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Burton</b>	14. NAME OF HUSBAND OR WIFE <b>Roy Pruett.</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No xx</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Roy Pruett, Light Star Rt. St. James, Mo.,</b>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute pulmonary Edema</b> ANTECEDENT CAUSES <b>Cardio vascular renal disease</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension, nephritis</b> 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>442X</b>	
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 <b>Nov 16, 1956</b> , to <b>April 14, 1956</b> that I last saw the deceased alive on <b>April 14, 1956</b> , and that death occurred at <b>7:07 AM</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Richard E. Myers D.D.</b>		23b. ADDRESS <b>Newburg, Mo.</b>	
23c. DATE SIGNED <b>April 16, 1956</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>15 April 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Burton Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>North of Rolla, Missouri</b>
DATE REC'D BY LOCAL REG. <b>4-16-1956</b>	REGISTRAR'S SIGNATURE <b>Ruth B. Powell</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Nulig &amp; Sons Funeral Home Rolla Mo.,</b> By <b>S. L. Nulig</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Phelps County Health Officer,

County File Number 400

Date Filed MAY 11 1953

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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 S. L. Mullen

Licensed Embalmer No. 339

P. O. Address Rolla

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.