

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15907

FILED APR 16 1957

BIRTH NO. _____		REG. DIST. NO. 381		PRIMARY REG. DIST. NO. 6173		Registrar's No. 47	
1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>				2. USUAL RESIDENCE (Where deceased lived. Institution: residence before admission.) a. STATE <u>Mo.</u> b. COUNTY <u>Sullivan</u>			
b. CITY OR TOWN <u>Osgood</u>		c. LENGTH OF STAY (In this place) <u>2 1/2</u>		c. CITY OR TOWN <u>Osgood</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bourne Hosp</u>				e. STREET ADDRESS (If rural, give location) <u>Bourne Hwy 105 1/2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLAUDE</u> b. (Middle) <u>PRIVITT</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>4-9-57</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>2-11-1882</u>	
9. AGE (In years last birthday) <u>75</u>		10. IF UNDER 1 YEAR Months _____ Days _____		10. IF UNDER 14 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Osgood Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Jasper Pruitt</u>		13b. MOTHER'S MAIDEN NAME <u>Lyda West</u>		14. NAME OF HUSBAND OR WIFE <u>Maggie Pruitt</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <u>493-14-5176</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Maggie Pruitt Osgood 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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>arteriosclerotic hypertension</u> DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</u>	
18. CAUSE OF DEATH (continued)		II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <u>Y</u> 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) <u>Osgood Sullivan Mo</u>			
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>Jan</u> , 19 <u>56</u> to <u>4/9</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>4/1</u> , 19 <u>57</u> , and that death occurred at <u>8</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Joseph S. May Jr</u>		(Degree or title) _____		23b. ADDRESS _____		23c. DATE SIGNED <u>4/11/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-11-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Camp Ground Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Osgood Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-11-57</u>		REGISTRAR'S SIGNATURE <u>Mrs. M. W. Beckett</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>PK Paymerson Olat Mo</u>			

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

525
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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..... *R.K. Payne Jr.*

Licensed Embalmer No. *3402*

P. O. Address *Galt*

**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.**