

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010570

STATE FILE NUMBER

FILED MAR 18 1958

Registration District No. 283 Primary Registration District No. 2037 Registrar's No. 39

300
-57

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, give TOWNSHIP only) Mt. Vernon		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Mt. Vernon Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home		Length of stay in lb 30 yrs.	d. STREET ADDRESS (If outside, give location) 653 E. Pleasant Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Frank Middle G. Last Pruitt			4. DATE OF DEATH Month 3 - Day 10 - Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8 - 24 - 1885
9. AGE (In years birth day) 72		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerical work		10b. KIND OF BUSINESS OR INDUSTRY Mining	11. BIRTHPLACE (City and state or country) Mt. Vernon, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Bethuel Pruitt	
13b. MOTHER'S MAIDEN NAME Kate Stotts		14. NAME OF HUSBAND OR WIFE Edna Pruitt	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, <u>no</u> unknown) (If yes, give dates of service) none		16. SOCIAL SECURITY NO. 486-40-8038	17. INFORMANT Mrs. Edna Pruitt Address Mt. Vernon, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Unknown, probably DUE TO (b) Coronary thrombosis. Died DUE TO (c) in his sleep PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 2	
20c. TIME OF INJURY Hour 11 p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Lawrence Co. Missouri	
21. I attended the deceased from had no medical care and last saw him alive on Mar 8 1958 Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			22. DATE SIGNED 3-13-1958
22a. SIGNATURE P. D. Fisher (Degree or title) M.D.		22b. ADDRESS Mt. Vernon Mo	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3 - 14 - 1958	23c. NAME OF CEMETERY OR CREMATORY Misemer Cemetery	23d. LOCATION (City, town, or county) (State) Lawrence Co. Missouri.
24. FUNERAL DIRECTOR H. D. Fossett Mt. Vernon, Mo.		25. DATE RECD. BY LOCAL REG. 3-14-58	26. REGISTRAR'S SIGNATURE Paul Hendricks

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MS
APR - 9 1950

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 me....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed H. D. Lassett.....

Licensed Embalmer No. 2201.....

P. O. Address St. Louis.....

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.