

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-036814  
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 495

FILED OCT 28 1958

|  |                              |   |  |
|--|------------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>JASPER</b>   |                              | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>                     |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>JOPLIN</b>   |                              | c. CITY OR TOWN <b>JOPLIN</b> <u>495</u>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR <b>GRAND REST HOME -</b><br>INSTITUTION <b>23RD &amp; GRAND</b>   |                              | d. STREET ADDRESS (If outside, give location)<br><b>GRAND REST HOME</b><br><b>23RD &amp; GRAND</b>  |  |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>NELLIE MAE (PAINTER) PRUITT</b>   |                              | 4. DATE OF DEATH Month Day Year<br><b>OCTOBER 11, 1958</b>  |  |
| 5. SEX <b>F</b>  | 6. COLOR OR RACE <b>W</b>    | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>AUG. 4, 1873</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>HOUSEWIFE</b>  |                              | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>HOME</b>  | 11. BIRTHPLACE (City and state or country)<br><b>CHILlicothe, ILL.</b>                                     |
| 13a. FATHER'S NAME<br><b>THOMAS PAINTER</b>  |                              | 13b. MOTHER'S MAIDEN NAME<br><b>MINNIE -----</b>  | 14. NAME OF HUSBAND OR WIFE<br><b>-----</b>  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b>  |                              | 16. SOCIAL SECURITY NO.   | 17. INFORMANT <b>NIECE</b><br><b>MRS. MAXINE ORTH, COLORADO SPRGS, COLO</b><br>Address                     |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebral hemorrhage</b>  |                              |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>6 hrs.</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) <b>Cerebral arteriosclerosis</b>  |                              |   | <b>4 years</b>   |
| DUE TO (c) <b>331X</b>   |                              |   |  |
| PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Arthritis</b>  |                              |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b> |
| 20a. ACCIDENT - SUICIDE HOMICIDE<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |                              | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |  |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m. 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   |                              | COUNTY  | STATE  |
| 21. I attended the deceased from <u>7/29/58</u> to <u>Oct. 11, 58</u> and last saw her/him alive on _____<br>Death occurred at <u>4:15 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated. |                              |   |  |
| 22a. SIGNATURE (Degree or title)<br><i>J. E. Kilbave sec. 2</i>  |                              | 22b. ADDRESS<br><b>521 W. 4th, Joplin, Mo.</b>  | 22c. DATE SIGNED<br><b>10/21/58</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>   | 23b. DATE<br><b>10-17-58</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>FAIRVIEW CEMETERY,</b>   | 23d. LOCATION (City, town, or county)<br><b>JOPLIN, MISSOURI</b>   |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>STEVE PARKER MORTUARY, JOPLIN, MO.</b>  |                              | 25. DATE RECD. BY LOCAL REG.<br><b>10-23-1958</b>   | 26. REGISTRAR'S SIGNATURE<br><i>Dove Merriam</i>   |

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *F. M. Jones* .....

Licensed Embalmer No. *2319* .....

P. O. Address... *Jap. line. N.*

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.