

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-022401

FILED JUL 15 1959

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 116

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Phelps.				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Pulaski			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Rolla, Missouri		Length of stay in 1b		c. CITY OR TOWN Richland, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Phelps Memorial Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS None. (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Charley Middle Arthur Last Pruitt.				4. DATE OF DEATH Month July Day 4, Year 1959			
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 4/3/1896	9. AGE (last birthday) 63	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Public Works.			10b. KIND OF BUSINESS OR INDUSTRY Emp. Shell Pipe Co		11. BIRTHPLACE (City and state or country) Pulaski Co, Mo		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Albert. E. Pruitt.			13b. MOTHER'S MAIDEN NAME Sarah L. Howell.		14. NAME OF HUSBAND OR WIFE Frankie L. 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. 497-10-76968		17. INFORMANT Mrs. Frankie Pruitt. Berkeley, Mo Address 6020 Madison st			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Nephritis, upper nephron DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH 1 yr.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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.)					
20c. TIME OF INJURY Hour 5:30 Month, Day, Year July 5, 1959 a.m. p.m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 January 5, 1959 to July 5, 1959 and last saw him alive on July 4, 1959 Death occurred at 5:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE James M. Hedges (Degree or title) M.D.				22b. ADDRESS Rolla, Missouri		22c. DATE SIGNED 6/6/59 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 17/59	23c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery		23d. LOCATION (City, town, or county) Richland, Mo. Rural			
24. FUNERAL DIRECTOR Hedges Funeral Home Richland, Mo Address Richland Mo				25. DATE RECD. BY LOCAL REG. July 6, 1959	26. REGISTRAR'S SIGNATURE Nadine L. Stoll		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clarence E. Mas

Licensed Embalmer No. 4896

P. O. Address Waynesville, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.