

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 4 8 7 5

STATE FILE NUMBER

FILED VS. DEC 18 1959 243

Primary Registration District No. 4364 Registrar's No. 42

ENDED

1. PLACE OF DEATH a. COUNTY <b>Newton</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Stella</b>		Length of stay in 1b <b>8 weeks</b>		c. CITY OR TOWN <b>Fairview</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>CARDWELL MEMORIAL</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>WARNER</b> Middle <b>Pruitt</b> Last				4. DATE OF DEATH Month <b>Nov.</b> Day <b>21</b> Year <b>1959</b>				
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>4-23-93</b>	9. AGE (last birthday) <b>66</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>		
13a. FATHER'S NAME <b>THOMAS PRUITT</b>			13b. MOTHER'S MAIDEN NAME <b>DONT KNOW.</b>		14. NAME OF HUSBAND OR WIFE <b>Crystal P. Pruitt</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT <b>Crystal P. Pruitt-Fairview Mo</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Uremia</b>							INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>	
DUE TO (b) <b>Uremia</b>							DUE TO (c) <b>to metastatic Ca of bladder</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Primary site of Ca - prostate</b>							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 Month, Day, Year .. 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 <b>June 1959</b> to <b>Nov 21-59</b> and last saw <sup>her</sup> him alive on <b>Nov 21-59</b> Death occurred at <b>5</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <b>A. J. Fountain D.D.</b>				22b. ADDRESS <b>WELL MO</b>		22c. DATE SIGNED <b>12-3-59</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Nov. 23-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Dice Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Newton Co. Missouri</b>			
24. FUNERAL DIRECTOR <b>McQueen Funeral Home, Wheaton Mo</b>			25. DATE RECD. BY LOCAL REG. <b>12-7-59</b>		26. REGISTRAR'S SIGNATURE <b>Mildred Moberly</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

09619 NVF SA

### 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 Paul D. Herbert

Licensed Embalmer No. 4576

P. O. Address Cassville

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.