

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022557

FILED VS JUL 5 1960

Registration District No. 55 Primary Registration District No. 3011 Registrar's No. 64

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Carrollton</u>	Length of stay in 1b <u>3 Days</u>	c. CITY OR TOWN <u>Norborne</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wetzel Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>318 W. 2nd</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>CARVIN</u> Middle <u>LINDSEY</u> Last <u>PRUITT</u>			4. DATE OF DEATH Month <u>June</u> Day <u>30</u> Year <u>1960</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3/22/1880</u>	9. AGE (last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>St. Clair Co, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Lindsey Pruitt</u>		13b. MOTHER'S MAIDEN NAME <u>Henrietta Hussong</u>		14. NAME OF HUSBAND OR WIFE <u>Ella Pruitt</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>489-22-7304</u>		17. INFORMANT <u>Mrs. C. L. Pruitt, Norborne Mo</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH <u>Days</u> <u>Days</u> <u>years</u>
IMMEDIATE CAUSE (a) <u>Sepsis Toxicity</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Strangulated hernia</u>		
DUE TO (c) <u>Chronic Myocarditis</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>years Had apoplexy</u>			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 _____ a.m. _____ p.m.	Month, Day, Year _____		
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 June 27th to June 30 and last saw her June 30 and last saw him June 30 alive on _____ m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) _____ 22b. ADDRESS Carrollton DATE SIGNED 7-16-60

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7/2/1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Fairhaven Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Norborne Mo.</u>
24. FUNERAL DIRECTOR <u>Gibson Funeral Home, Norborne Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>7-1-60</u>	26. REGISTRAR'S SIGNATURE <u>Maxwell C. Calkins</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL -7 1960

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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton

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.