

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-020842

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 26

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 20 1963

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| 1. PLACE OF DEATH a. COUNTY <u>Moniteau</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>California</u> Length of stay in 1b <u>14 yr.</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Own Home</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u> c. CITY OR TOWN <u>California</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>801 West Street</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
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| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Morgan Eugene Pruitt</u> | | | 4. DATE OF DEATH Month Day Year <u>May 11 1963</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>7/28/1872</u> | 9. AGE (last birthday) <u>90</u> | IF UNDER 1 YEAR Months <u>9</u> Days <u>14</u> Hours <u> </u> Min. <u> </u> | IF UNDER 24 HR Hours <u> </u> Min. <u> </u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Paint Contractor</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Contracting</u> | | 11. BIRTHPLACE (City and state or country) <u>Marshall Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Silas E. Pruitt</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Martha Brizendine</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Edna Chambers Pruitt</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <u>no</u> | | | 16. SOCIAL SECURITY NO. | | | 17. INFORMANT Address <u>Earl Pruitt St. Charles Mo.</u> | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac Failure</u> DUE TO (b) <u>myocarditis (chronic)</u> DUE TO (c) <u> </u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u> |
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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Rheumatoid Arthritis</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 | | |
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| 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 | | | | | |

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|--|---|-------------------------------------|--------|-------|
| 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 |
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21. I attended the deceased from 1955 to May 12 1963 and last saw him ^{her} alive on May 3 1963.
 Death occurred at 10 P m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) <u>Eugene A. Feltz M.D.</u> | 22b. ADDRESS <u>California Mo.</u> | 22c. DATE SIGNED <u>5/13/63</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>5/14/63</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>California City</u> | 23d. LOCATION (City, town, or county) State <u>California Missouri</u> |
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| 24. FUNERAL DIRECTOR ADDRESS <u>Bowlin Funeral Home Inc. California Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>5-13-63</u> | 26. REGISTRAR'S SIGNATURE <u>Helen L. Poppey</u> |
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS (INSTEAD OF)

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR TYPEWRITER RIBBON

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 John R. Boulton
Licensed Embalmer No. 5150

P. O. Address California, MO

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.

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