MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE XC-22 034 078 SL 30033

STATE FILE NUMBER 63-022096

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5815

FILED JUN 7 1963

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. Grand, St. Louis, Mo. — Length of stay in Ib 4 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois b. COUNTY Montgomery
c. CITY OR TOWN Litchfield — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 912 S. Chestnut St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First JAMES — Middle A. — Last PRUITT
4. DATE OF DEATH: Month June — Day 3 — Year 1963
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12/9/28
9. AGE (last birthday): 34 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Fieldon, Illinois
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: James T. Pruitt
13b. MOTHER'S MAIDEN NAME: Nellie K. Brannum
14. NAME OF HUSBAND OR WIFE: Grace Pruitt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of servi): WW-2
16. SOCIAL SECURITY NO.:
17. INFORMANT: Grace Pruitt (Wife), Address: Same add. as 2.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CARDIORESPIRATORY ARREST — INTERVAL BETWEEN ONSET AND DEATH: IMMEDIATE
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) UREMIA — over 4 months
DUE TO (c) CHRONIC GLOMERULONEPHRITIS 592x — over 16 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): HYPERTENSION

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 5/30/63, to 6/3/63 and last saw him alive on 6/3/63
Death occurred at 2:41 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE RONALD G. RUSSO (Degree or title) M. D.
22b. ADDRESS VAH, ST. LOUIS, MO.
22c. DATE SIGNED 6/3/63

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE June 3, 1963
23c. NAME OF CEMETERY OR CREMATORY Local Cemetery
23d. LOCATION (City, town, or county) (State) Litchfield, Illinois

24. FUNERAL DIRECTOR — ADDRESS Gerlt Funeral Home, Litchfield, Ill
25. DATE RECD. BY LOCAL REG. JUN 3 1963
26. REGISTRAR'S SIGNATURE Hoard Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF DOCUMENT
1				
2	81208	71		
3				
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12	83-0			
13				

83

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 NOT EMBALMED, Student Embalmer No. _____

working under my personal supervision. F.D. 6905 Ill.

Student _____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

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.