

FILED JAN 6 1948

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 42256

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 202

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Schell City</u>	
c. LENGTH OF STAY (In this place) <u>30 days</u>		d. STREET ADDRESS (If rural, give location) <u>_____</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Nevada City Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Nellie Marie</u> b. (Middle) _____ c. (Last) <u>Prewitt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 23 1948</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Sept. 13, 1871</u>	9. AGE (In years last birthday) <u>77 yrs</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>_____</u>	11. BIRTHPLACE (State or foreign country) <u>Clinton, Mo. Rural</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Dr. H. C. Jarvis</u>	13b. MOTHER'S MAIDEN NAME <u>Judith Ann Bills</u>	14. NAME OF HUSBAND OR WIFE <u>George E. Prewitt</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. J. W. Dale</u>	ADDRESS <u>_____</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. <u>12D</u>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary tuberculosis, bilateral</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arteriosclerotic heart disease</u>		<u>?</u>

19a. DATE OF OPERATION <u>_____</u>	19b. MAJOR FINDINGS OF OPERATION <u>_____</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>_____</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>_____</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>_____</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>_____</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>_____</u>
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22. I hereby certify that I attended the deceased from 12-1, 1948, to 12-23, 1948, that I last saw the deceased alive on 12-22, 1948, and that death occurred at 11:20 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L. Braxton Davis, M.D.</u>	23b. ADDRESS <u>Nevada, Mo.</u>	23c. DATE SIGNED <u>12-24-48</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>_____</u>	24b. DATE <u>Dec. 26, 1948</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Schell City Mo</u>
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DATE REC'D BY LOCAL REG. <u>12-30-48</u>	REGISTRAR'S SIGNATURE <u>Kathryn J. Jancus</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lewis & Son</u>	ADDRESS <u>Schell City, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

108

RECEIVED

District Health Officer No. 7,

District File Number 12-48-1516

Date Filed 1-5-49

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.

Signed Marion M. Lewis

Signed _____
Student Embalmer

Licensed Embalmer No. 3084

P. O. Address Schell City, 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 this body is not embalmed, fact should be so stated above.