

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14650

FILED MAY 12 1949

BIRTH NO. REG. DIST. NO. 358 360 PRIMARY REG. DIST. NO. 6216 Registrar's No. 9

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) <u>rural Walker Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Walker township</u>	
c. LENGTH OF STAY (in this place) <u>many yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>none</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Walker Twp.</u>			

3. NAME OF DECEASED (Type or Print) <u>MARY SUSAN PREWITT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 22-1949</u>		
a. (First)		b. (Middle)	c. (Last)		

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 20-1877</u>		9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>0</u>	IF UNDER 24 HRS. Days <u>2</u>	IF UNDER 24 HRS. Hours <u>2</u>	IF UNDER 24 HRS. Min. <u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>La Prairie Ill.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		

13a. FATHER'S NAME <u>Charles Coons</u>		13b. MOTHER'S MAIDEN NAME <u>McGowan</u>		14. NAME OF HUSBAND OR WIFE <u>Wm J. Prewitt</u>	
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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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wm J. Prewitt</u>		ADDRESS <u>Walker Mo</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>26 hrs.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>	ANTECEDENT CAUSES DUE TO (b) <u>Hypertension and Cereb</u> DUE TO (c) <u>Arteriosclerosis</u>			332X
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Walker Mo</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7:30 pm.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 4-21, 1949, to 4-22, 1949, that I last saw the deceased alive on 4-22, 1949, and that death occurred at 7:30 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Ed Saxton Davis, M.D.</u>		(Degree or title)	23b. ADDRESS <u>Nevada, Mo</u>	23c. DATE SIGNED <u>4-23-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-25-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Newton Burial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Nevada, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>Apr 25-1949</u>	REGISTRAR'S SIGNATURE <u>Mrs Sarah E Gray</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen T. Hoyle</u>	ADDRESS <u>Nevada Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7

District File Number 4-49-52

Date Filed 5-10-49

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.

Student _____
Student Embalmer

Signed Bert B. Bennett

Licensed Embalmer No. 4656

P. O. Address Nevada, 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.