

FILED AUG 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **26655**

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 745			
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene					
b. CITY (If outside corporate limits, write RURAL and give township) Springfield,		c. LENGTH OF STAY (in this place) 9 days		c. CITY (If outside corporate limits, write RURAL and give township) Springfield,					
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital				d. STREET ADDRESS (If rural, give location) 1720 N. Washington					
3. NAME OF DECEASED (Type or Print) a. (First) Bugg			b. (Middle)			c. (Last) Prewett			
4. DATE OF DEATH Aug. 19, 1949				5. SEX Male		6. COLOR OR RACE White			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid		8. DATE OF BIRTH 9-1-1885		9. AGE (in years last birthday) 63		IF UNDER 1 YEAR Months Days Hours Mins.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (State or foreign country) Dixon, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME John Prewett			13b. MOTHER'S MAIDEN NAME Margaret Helton			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, or unknown)		16. SOCIAL SECURITY NO. 545-18-7133		17. INFORMANT'S SIGNATURE OR NAME Mrs. Nelson Selashinski		ADDRESS Spa. mo			
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardio-vascular disease				INTERVAL BETWEEN ONSET AND DEATH 7	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				69030 20	
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION 8/13/49		19b. MAJOR FINDINGS OF OPERATION Op. for fracture of neck of right femur				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident at home		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) at home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Springfield Greene mo					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8 8 1949 5		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? fell in yard of home					
22. I hereby certify that I attended the deceased from 8/9, 1949 , to 8/19, 1949 , that I last saw the deceased alive on 8/19, 1949 , and that death occurred at 2:15 PM , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Edward Marwell M.D.				23b. ADDRESS 623 Woodruff Bldg		23c. DATE SIGNED 8/19/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Aug. 19, 1949		24c. NAME OF CEMETERY OR CREMATORY Dixon, Mo.		24d. LOCATION (City, town, or county) (State) Dixon, Missouri			
DATE REC'D BY LOCAL REG 8-20-49		REGISTRAR'S SIGNATURE W.E. Handley M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Thomas ...					

(Licensed Embalmer's Statement on Reverse Side)

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 Gene Hunter

Licensed Embalmer No. 4739

P. O. Address Springfield, V

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.