Array

No. 300
10-48

FILED AUG 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29067

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 141

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nevada
c. LENGTH OF STAY (In this place): 2
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Nevada City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Vernon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Walker
d. STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print)
a. (First): Samuel
b. (Middle): Taylor
c. (Last): Prewitt

4. DATE OF DEATH (Month) 8 (Day) 23 (Year) 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 3 1870
9. AGE (In years last birthday): 79 — If under 1 year: Months 3, Days 20 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming (Retired)
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Over Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Wm H Prewitt
13b. MOTHER'S MAIDEN NAME: Barbara Jane Bush
14. NAME OF HUSBAND OR WIFE: Betty Edwards Prewitt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Yeater Brown — **ADDRESS**: Walker, 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) Pernicious Anemia — INTERVAL BETWEEN ONSET AND DEATH: 27 mo

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____ 2400

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma Sigmoid — 1 yr

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): ✓
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): ✓

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ✓
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* July 26, 1947, *to* Aug 23, 1949, *that I last saw the deceased alive on* 23 Aug, 1949, *and that death occurred at* 9:15 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Rolla B Gray M.D.
23b. ADDRESS: Nevada Mo
23c. DATE SIGNED: 8-25-49.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 25 - 1949
24c. NAME OF CEMETERY OR CREMATORY: Mt Vernon Cemetery
24d. LOCATION (City, town, or county) (State): East of Walker, Mo.

DATE REC'D BY LOCAL REG.: Aug. 26 - 49
REGISTRAR'S SIGNATURE: Kathryn H. Yancey
331
25. FUNERAL DIRECTOR'S SIGNATURE: Allen & Hays
ADDRESS: Nevada, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

108
1
2

RECEIVED
District Health Officer No. 7,
District File Number 7-49-1036
Date Filed 8-29-49

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.