

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15711

State File No. ....

FILED APR 17 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 372 PRIMARY REG. DIST. NO. 6264 Registrar's No. 7

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

1. PLACE OF DEATH a. COUNTY <u>Webster</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Webster</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Hazelwood</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Hazelwood Twp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>Seymour Rt 1 1120</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jesse</u> b. (Middle) <u>Israel</u> c. (Last) <u>Prewitt</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 2-50</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct 8 1891</u>
9. AGE (In years last birthday) <u>58</u>		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wright Co. Mo</u>	11. BIRTHPLACE (State or foreign country) <u>Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Sylvester Prewitt</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Copley</u>		14. NAME OF HUSBAND OR WIFE <u>Nora Prewitt</u>	
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>491-12-2960</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Nora Prewitt</u>		ADDRESS <u>Seymour Mo Rt 1</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> ANTECEDENT CAUSES DUE TO (b) <u>Coronary arteriosclerosis</u> <u>6 months</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Hypertension Malignant</u> <u>1 year</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>42.01</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) <u>21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</u> <u>Seymour Webster Mo</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Jan-15, 1950</u> , to <u>April 2, 1950</u> , that I last saw the deceased alive on <u>April 1, 1950</u> , and that death occurred at <u>11:00 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>D. R. Hill</u> (Degree or title) <u>2 D.O.</u>		23b. ADDRESS <u>Seymour</u>	
23c. DATE SIGNED <u>4/2/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>4-6-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Seymour</u>	
24d. LOCATION (City, town, or county) (State) <u>Seymour Mo</u>		DATE REC'D BY LOCAL REG. <u>4-9-50</u>	
REGISTRAR'S SIGNATURE <u>W. L. Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Nellie Levell Bergman</u> ADDRESS <u>Seymour Mo</u>	

RECEIVED APR 15 1950  
District Health Office No. 6,  
District File Number \_\_\_\_\_  
Date Filed \_\_\_\_\_

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 H. H. Kelley

Licensed Embalmer No. 3334

P. O. Address Fairland 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.