

STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10. 48

FILED JUN 13 1950

BIRTH NO. REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		c. LENGTH OF STAY (In this place) <u>6 hrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		0352
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dr. Rollin Presnell's office</u>			d. STREET ADDRESS (If rural, give location) <u>Gen. Del.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rickie</u> b. (Middle) <u>Gene</u> c. (Last) <u>Prewitt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 26 1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>	8. DATE OF BIRTH <u>May 13 1947</u>	9. AGE (In years last birthday) <u>3</u>	IF UNDER 1 YEAR Days <u>2</u>
IF UNDER 12 HRS. Hours <u>13</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>-</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTH PLACE (State or foreign country) <u>Michigan</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Walton Prewitt</u>		13b. MOTHER'S MAIDEN NAME <u>Freda Bell</u>		14. NAME OF HUSBAND OR WIFE <u>-</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Walton Prewitt Kennett, Mo. Gen. Del.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac embolism</u>	ANTECEDENT CAUSES <u>Past operation</u>				<u>minutes</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Previous Rheumatic fever</u>				<u>Past</u>
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	DUE TO (b) <u>-</u>				<u>4003</u>
DUE TO (c) <u>-</u>	19a. DATE OF OPERATION <u>5-26-50</u>				19b. MAJOR FINDINGS OF OPERATION <u>Tonsillectomy and Adenoidectomy</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>-</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>None</u>			
22. I hereby certify that I attended the deceased from <u>5-26-1950</u> to <u>5-26, 1950</u> , that I last saw the deceased alive on <u>5-26-1950</u> , and that death occurred at <u>3:45 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>L. R. Presnell M.D.</u>		23b. ADDRESS <u>Kennett, Missouri</u>		23c. DATE SIGNED <u>6-5-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 28 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Starfield Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Clarkton M. R. I.</u>		
DATE REC'D BY LOCAL REG. <u>6-5-1950</u>	REGISTRAR'S SIGNATURE <u>Carl H. ...</u>	90	FUNERAL DIRECTOR'S SIGNATURE <u>Landess Funeral Home</u>	ADDRESS <u>Campbell, Mo.</u>	

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

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT...6-7-50.....
COUNTY FILE NUMBER...650-172.....

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 *Christina M. Landess*

Licensed Embalmer No. *4527*

P. O. Address *Campbell, 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.