

FILED JUN 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19702

5240

BIRTH NO. _____		REG. DIST. NO. <u>72</u>		PRIMARY REG. DIST. NO. <u>5289</u>		Registrar's No. <u>44</u>			
1. PLACE OF DEATH a. COUNTY <u>CLAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NORTH KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>37 YRS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NORTH KANSAS CITY 0240</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RT-4 OAKWOOD ADDN.</u>				d. STREET ADDRESS (If rural, give location) <u>RT-4 OAKWOOD ADDN.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elizabeth</u>			b. (Middle)		c. (Last) <u>PRAWITZ</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 8 1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>JULY 18, 1871</u>		9. AGE (In years last birthday) <u>79</u> IF UNDER 1 YEAR: Months <u>10</u> Days <u>20</u> IF UNDER 1 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>James Port, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George A. Peterman</u>			13b. MOTHER'S MAIDEN NAME <u>MARGARET MOREHART</u>			14. NAME OF HUSBAND OR WIFE <u>LOUIS A. PRAWITZ</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. NEVADA LINDSCOMB RT 4 North Kc.</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, asthma, 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> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chronic arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> <u>4/201</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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) (Min.)		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>2 years</u> , 19 <u>51</u> , to _____, 19 <u>51</u> , that I last saw the deceased alive on _____, 19 <u>51</u> , and that death occurred at <u>7 P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>J. Benson</u> (Degree or title) <u>0</u>			23b. ADDRESS <u>M.D. 1207 Quail Beds. K.C. Mo.</u>			23c. DATE SIGNED <u>6-11-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE 13, 51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORRIS</u>		24d. LOCATION (City, town, or county) (State) <u>ST. JOSEPH, MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>6-13-51</u>		REGISTRAR'S SIGNATURE <u>Beulah Kitchens</u>		63		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>O.W. Newcomers son's NORTH KANSAS CITY.</u>			

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



1951
JUN 7

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. 2392

working under my personal supervision.

Student John W. Demick, Jr.
Student Embalmer

Signed

Glenn H. Hill

Licensed Embalmer No. 4586

P. O. Address Acordale, 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.