

36641

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

No. 300

10. 48

FILED NOV 19 1951

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4099 Registrar's No. 140

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pleasant Hill		c. LENGTH OF STAY (In this place) 39 yrs	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pleasant Hill		d. STREET ADDRESS (If rural, give location) 422 N. Lake	
d. FULL NAME OF HOSPITAL OR INSTITUTION 422 N. Lake			

3. NAME OF DECEASED (Type or Print)	a. (First) JAMES	b. (Middle) ROBERTSON	c. (Last) PREWITT	4. DATE OF DEATH (Month) (Day) (Year) 11-3-1951
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept-24, 1876	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner of machine shop	10b. KIND OF BUSINESS OR INDUSTRY shop	11. BIRTHPLACE (State or foreign country) Near Independence, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James M. Prewitt	13b. MOTHER'S MAIDEN NAME Susan Nave	14. NAME OF HUSBAND OR WIFE Mary Prewitt
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or date of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs Mary Prewitt	ADDRESS Pleasant Hill, Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH instant anxiety
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis, massive		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) None DUE TO (c) None		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) CHARGE WOMICHE Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, automobile, etc.) Place Home	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Pleasant Hill, Cass, Mo Pleasant Hill, Mo
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 4-30-1948, to 11-3-1951, that I last saw the deceased alive on 11-3-1951, and that death occurred at 11:30 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. W. Eklund MD	23b. ADDRESS Pleasant Hill, Mo	23c. DATE SIGNED 11-6-51
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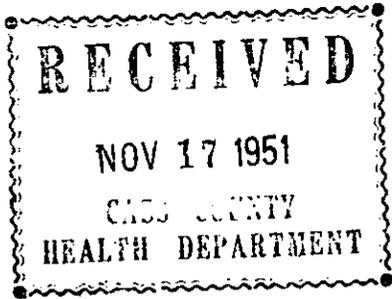
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-7-1951	24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cemetery	24d. LOCATION (City, town, or county) (State) Pleasant Hill, Mo
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DATE REC'D BY LOCAL REG Nov 11, 1951	REGISTRAR'S SIGNATURE Dora Barnard	457	25. FUNERAL DIRECTOR'S SIGNATURE Allen Brownfield	ADDRESS Pleasant Hill, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 William L. Anderson

Licensed Embalmer No. 4674

P. O. Address Pleasant Hill 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.