

STANDARD CERTIFICATE OF DEATH

State File No. **43639**

FILED DEC 22 1953

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **417**

1. PLACE OF DEATH a. COUNTY Marion.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Ralls.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perry, Mo. (Rural) 0870	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Elizabeth Hospital.		d. STREET ADDRESS (If rural, give location) Saltriver Township	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) William	b. (Middle) Edward	c. (Last) Prewett	Dec. 7, 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 3, 1899	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months 5 Days 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Ralls County, Mo.	
12. COUNTRY OF WHAT COUNTRY? U.S.A					

13a. FATHER'S NAME Daniel H. Prewett		13b. MOTHER'S MAIDEN NAME Callie Kemper		14. NAME OF HUSBAND OR WIFE Annie Maude Prewett	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Annie Maude Prewett Perry Mo.	

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) Cerebral Hemorrhage		b. Hypertension		4 1/2 hrs	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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)		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 <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 Dec 5, 1953 to Dec 7, 1953 , that I last saw the deceased alive on Dec 7, 1953 , and that death occurred at 11:30 PM from the causes and on the date stated above.					

23a. SIGNATURE [Signature] (Degree or title) M.D.		23b. ADDRESS Hannibal, Missouri		23c. DATE SIGNED 12-9-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-9-1953		24c. NAME OF CEMETERY OR CREMATORY Grandview Cemetery, Hannibal, Mo.	

DATE REC'D BY LOCAL REG. 12-14-53		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] Perry, Mo.	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DEC 21 1953
MARIGN CO. HEALTH DEPT.
DATE FILED DEC 21 1953

1953-110

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 Clyde C. Wilkey

Licensed Embalmer No. 3820

P. O. Address Pennington

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.