

BIRTH NO. _____		REG. DIST. NO. <u>393</u>		PRIMARY REG. DIST. NO. <u>2074</u>		Registrar's No. <u>80</u>	
1. PLACE OF DEATH a. COUNTY <u>Scott</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u>		c. LENGTH OF STAY (in this place) <u>4 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charleston</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Mo. Delta Comm. Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>215 E. Commercial</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>O'Neil</u> c. (Last) <u>Preuitt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 21, 1955</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>July 14, 1878</u>	
9. AGE (In years last birthday) <u>76</u>		10. MONTHS <u>11</u>		11. DAYS <u>7</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Insurance Representative Agent</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Charleston, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Valentine Preuitt</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Morrison</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Spanish-Amer.</u>		16. SOCIAL SECURITY NO. <u>493 36 4729-A</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Richard P. Berry, Nephew</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>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>331X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1. Inanition</u> <u>2. Dehydration Ulcers</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</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)		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 <u>6-17</u> , 19 <u>55</u> , to <u>6-21</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>6-21</u> , 19 <u>55</u> , and that death occurred at <u>12:55 P.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Charles B. Brown M.D.</u>				23b. ADDRESS <u>Sikeston, Mo.</u>		23c. DATE SIGNED <u>6/22/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/23/1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Charleston, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-27-55</u>		REGISTRAR'S SIGNATURE <u>Mrs. Ella [Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>THE NUNNESEE FUNERAL CHAPEL</u>			

DATE RECEIVED JUL 5 1955

SCOTT CO. HEALTH DEPT.

OO. FILE No. 655-134

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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

John F. [Signature]

Licensed Embalmer No. 3851

P. O. Address Charleston, M.

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.