

Health,
Welfare
Public
Service

FILED OCT 10 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31029
STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 241

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>)				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fulton</u> <u>3</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Kansas City</u> <u>5658</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Enroute to Hospital nil</u>			Length of stay in lb <u>nil</u>			d. STREET ADDRESS <u>4233 Harrison Ave.</u> (If outside, give location) <u>6</u>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>Delbert Eugene Prettyman</u>				4. DATE OF DEATH Month Day Year <u>Sept. 30, 1957</u>				
5. SEX <u>Male</u> <u>O</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>June 6, 1937</u>		
9. AGE (In years last birthday) <u>20</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bookkeeper</u>		11. BIRTHPLACE (City and state or country) <u>Bacyrus Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Henry K Prettyman</u>			13b. MOTHER'S MAIDEN NAME <u>Marie Winkler</u>			14. NAME OF HUSBAND OR WIFE <u>Rosemary Prettyman</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> <u>1954 to 1956</u>		16. SOCIAL SECURITY NO. <u>511 34 0556</u>		17. INFORMANT Address <u>Henry Prettyman Paoli Kansas</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Rupture of Lung</u> <u>left</u>						INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Multiple lacerations</u>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Hiway accident 1 car</u>					
20c. TIME OF INJURY Hour Month, Day, Year <u>3:25 a.m. 9/30/57</u>								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>hiway</u>		20f. CITY, TOWN, OR LOCATION <u>4 miles west kingdon city</u>			STATE <u>Callaway Mo.</u>	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at <u>4:25</u> <u>A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>Nancy A. Stewart</u> <u>Coroner 3</u>				22b. ADDRESS <u>Fulton Missouri</u>		22c. DATE SIGNED <u>9/30/57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10/3/57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Bacyrus</u>		23d. LOCATION (City, town, or county) (State) <u>Bacyrus Kansas</u>		
24. FUNERAL DIRECTOR <u>Maupin</u>			ADDRESS <u>Fulton Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Oct. 5-1957</u>		26. REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

NOV 4 1957
OCT 17 1957
NOV 5 1957

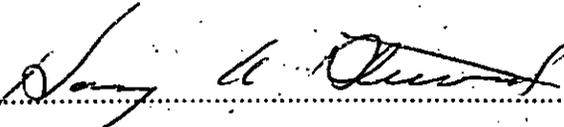
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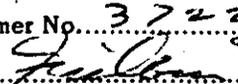
OCT 21 1957

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
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 3722
P. O. Address 

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.