Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-026326
STATE FILE NUMBER

FILED AUG 6 1958 Registration District No. 226 Primary Registration District No. 4338 Registrar's No. 40

1. PLACE OF DEATH
a. COUNTY: Monroe
b. CITY OR TOWN: Monroe City — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Monroe City Rest Home — Length of stay in Ib: 10 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Marion
c. CITY OR TOWN: 0640 R.F.D. Monroe City — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): 3 Miles North — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First / Middle / Last: John Frank Prewitt

4. DATE OF DEATH Month / Day / Year: July 23, 1958

5. SEX: Male **6. COLOR OR RACE:** White **7. MARRIED** [ ] **NEVER MARRIED** [X] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: 10/24/1890

9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months 8, Days 29 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer
10b. KIND OF BUSINESS OR INDUSTRY: ------
11. BIRTHPLACE (City and state or country): Ralls County Missouri
12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME: Off Prewitt
13b. MOTHER'S MAIDEN NAME: Georgia Dowell
14. NAME OF HUSBAND OR WIFE: Unmarried

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 486-44-4731
17. INFORMANT Address: Mrs. Ilean Warren Monroe City Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Thrombosis Arterial — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. ~~DUE TO (b)~~ Left Hemiplegia
DUE TO (c) 332X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7-5-58, to 7-23-58 and last saw her/him alive on 7-17-58
Death occurred at 4:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W L Greene M.D.
22b. ADDRESS: 100 N. Sixth, Hannibal, Mo.
22c. DATE SIGNED: 7-28-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7/27/1958
23c. NAME OF CEMETERY OR CREMATORY: Salem Cemetery
23d. LOCATION (City, town, or county) (State): Monroe Co. Mo

24. FUNERAL DIRECTOR ADDRESS: Harold Farmer Monroe City
25. DATE RECD. BY LOCAL REG.: 8-1-58
26. REGISTRAR'S SIGNATURE: Elsie Robertson

(Less Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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. 3720

P. O. Address Monroe City

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.