

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

93 -61-016666  
STATE FILE NUMBER

AMENDED

Registration District No. 43 Primary Registration District No. 307 Registrar's No. 93

FILED MAY 31 1961

1. PLACE OF DEATH a. COUNTY <b>BUTLER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>ARKANSAS</b> b. COUNTY <b>RANDOLPH</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>POPLAR BLUFF</b>		Length of stay in 1b <b>32 DAYS</b>	c. CITY OR TOWN <b>RAVENDEN</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>ROUTE TWO</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>CLETUS NORMAN PREWITT</b>			4. DATE OF DEATH Month Day Year <b>MAY 16, 1961</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7/18/18</b>	9. AGE (last birthday) <b>42</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AGRICULTURE</b>	11. BIRTHPLACE (City and state or country) <b>HARDY, ARKANSAS</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>WILLIAM T. PREWITT</b>		13b. MOTHER'S MAIDEN NAME <b>LULA BOSHEARS</b>		14. NAME OF HUSBAND OR WIFE <b>NONE</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or dates of service) <b>YES WWII</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	17. INFORMANT Address <b>VA HOSPITAL RECORDS, POPLAR BLUFF, MO.</b>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>UREMIA, DUE TO POST OPERATIVE BLEEDING DUE TO</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 WEEKS</b>
DUE TO (b) <b>BONE MARROW DEPRESSION, DUE TO PERITONITIS DUE</b>		PRIOR TO ADMISSION
DUE TO (c) <b>TO PERFORATION OF ILEUM DUE TO REGIONAL ILEITIS.</b>		TO DEATH.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>VA</b>	COUNTY <b>VA</b>	STATE <b>VA</b>
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21. I attended the deceased from <b>APRIL 14, 1961</b> to <b>MAY 16, 1961</b> and last saw her/him alive on <b>2:00 PM</b> . Death occurred at <b>2:00 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE OF REGISTRAR <i>Irving R. Majors, M.D.</i>	22b. ADDRESS <b>VA HOSPITAL, POPLAR BLUFF, MO.</b>	22c. DATE SIGNED <b>5/18/61</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5-19-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Banks Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Rt 2 Ravenden, Ark.</b>
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24. FUNERAL DIRECTOR ADDRESS <b>Higginbotham's Walnut Ridge, Ark.</b>	25. DATE RECD. BY LOCAL REG. <b>5-26-1961</b>	26. REGISTRAR'S SIGNATURE <i>Thelma Graham</i>
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

SEP 11 1961

**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. \_\_\_\_\_

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.