

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-021420

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2842 STATE FILE NUMBER

AMENDED

FILED JUL 5 1961

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY LAFAYETTE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN HIGGINSVILLE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BAPTIST MEMORIAL		d. STREET ADDRESS (If outside, give location) 15 FAIRGROUND AVE. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last JOSEPH CLEVELAND PREUITT			4. DATE OF DEATH Month Day Year 6 6 1961			
5. SEX MALE	6. COLOR OR RACE CAUCASIAN	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-20-86	9. AGE (last birthday) 75	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) SHEET METAL WORKER		10b. KIND OF BUSINESS OR INDUSTRY HEATING		11. BIRTHPLACE (City and state or country) HIGGINSVILLE, MO.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME JOEL PREUITT		13b. MOTHER'S MAIDEN NAME NANCY CANTERBURY		14. NAME OF HUSBAND OR WIFE BESSIE PREUITT		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			17. INFORMANT Address MR FRANCIS H. MOSER, 5825 HOLMES, MO. K.S.			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) complete heart block		INTERVAL BETWEEN ONSET AND DEATH
PENDING AUTOPSY REPORT		
DUPLICATE (b) arteriosclerotic cardio vascular disease		
DUPLICATE (c) diabetes mellitus		
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

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)	
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	COUNTY STATE
21. I attended the deceased from <u>5/27/61</u> to <u>6/6/61</u> and last saw her alive on <u>6/5/61</u> Death occurred at <u>9:00 A.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Mary C. Colglazier, M.D.		22b. ADDRESS 3317 E. 43RD, KANSAS CITY	22c. DATE SIGNED 6-6-61
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 6-6-1961	23c. NAME OF CEMETERY OR CREMATORY HIGGINSVILLE, MISSOURI	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR ADDRESS D.W. NEWCOMER'S SONS, 1331 BRUSH		25. DATE RECD. BY LOCAL REG. 6-7-61	26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF **Mary C. Colglazier**

ITEM NO. SHOULD READ

1961 - 9 700 SA

1-85-06

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 Louis Quest

Licensed Embalmer No. 4696

P. O. Address K.C. Mo

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.