

FILED AUG 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **23590**BIRTH NO. **39471-45** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **2996**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Mo b. COUNTY Vernon	
b. CITY (if outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (if outside corporate limits, write RURAL and give township) OR TOWN Walker Mo RR#2X	
c. LENGTH OF STAY (in this place) 45 min		d. STREET ADDRESS (if rural, give location) #4 Second St. Oak Grove	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Luke Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Frances J b. (Middle) Prewitt c. (Last) Prewitt		4. DATE OF DEATH (Month) (Day) (Year) July 9, 1949	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 29 June 1949
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
infant		infant	
11. BIRTHPLACE (State or foreign country) Nevada Mo		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Forest Compton Prewitt		13b. MOTHER'S MAIDEN NAME Mary Louise McCarthy		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Forest Compton Prewitt	

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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		DUE TO (b) Bronchial Obstruction			
DUE TO (c) Aspiration of formula?		II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Eg 210 22		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE, HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Walker Vernon Mo	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7-9-49 11:00		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR Aspiration of formula	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, and that death occurred at _____ m., from the causes and on the date stated above.					

23a. SIGNATURE E. C. A. Schmidt M.D.		23b. ADDRESS M.D. St. Luke's Hospital		23c. DATE SIGNED 9 July 1949	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 7-9-49		24c. NAME OF CEMETERY OR CREMATORY Newton Cem	
24d. LOCATION (City, town, or county) (State) Nevada Mo		24e. NAME OF CEMETERY OR CREMATORY Nevada Mo		24f. LOCATION (City, town, or county) (State) Nevada Mo	

DATE REC'D BY LOCAL REG. 7-9-49		REGISTER'S SIGNATURE Heraldine Helme		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hayes Funeral Home	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

E 921

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.....

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 this body is not embalmed, fact should be so stated above.