

FILED FEB 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7287

BIRTH NO. _____ REG. DIST. NO. 353 PRIMARY REG. DIST. NO. 6196 Registrar's No. 5

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Texas | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Texas | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Sherrill Twp | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Sherrill Twp | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION None | | d. STREET ADDRESS (If rural, give location) Near Licking, Missouri | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Sarah | | b. (Middle) Anna | |
| c. (Last) Pewitt | | 4. DATE OF DEATH (Month) (Day) (Year) 1/31/51 | |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH 4/26/1872 |
| 9. AGE (In years last birthday) 78 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home | 11. BIRTHPLACE (State or foreign country) Missouri |
| 10b. KIND OF BUSINESS OR INDUSTRY -- | | 12. CITIZEN OF WHAT COUNTRY? U.S. | |
| 13a. FATHER'S NAME Daniel Allev | | 13b. MOTHER'S MAIDEN NAME Mannin | |
| 14. NAME OF HUSBAND OR WIFE Jasper Pewitt | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | |
| 16. SOCIAL SECURITY NO. -- | | 17. INFORMANT'S SIGNATURE OR NAME Beldon J. Pewitt, Jack, Mo. | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Nephritis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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 None | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 21. INTERVAL BETWEEN ONSET AND DEATH 592X | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) 74 | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from 1959, to Jan 31, 1951, that I last saw the deceased alive on 1-28-51, 1951, and that death occurred at 2:00 p.m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Lisle Kantall M.D. (Degree or title) | | 23b. ADDRESS Licking Mo | |
| 23c. DATE SIGNED Feb. 6, 1951 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | |
| 24b. DATE 2/3/51 | | 24c. NAME OF CEMETERY OR CREMATORY Dry Fork Cemetery | |
| 24d. LOCATION (City, town, or county) (State) Dent County, Missouri | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cal K. Spencer, Salem, Mo | |
| DATE REC'D BY LOCAL REG. Feb 6, 1951 | | REGISTRAR'S SIGNATURE Edna Hesse 324 | |

(Licensed Embalmer's Statement on Reverse Side)

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

1070

DIVISION OF HEALTH OF MO.
District No. : Springfield

RECEIVED FEB 13 1951

Dist. File 227-365

Date Filed 2-14-51

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~~

.....
working under my personal supervision.

Student Embalmer No.

Signed Wm. W. McDonald

Signed.....
Student Embalmer

Licensed Embalmer No. 3806

P. O. Address Salem, 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 this body is not embalmed, fact should be so stated above.