

FILED JUN 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17233

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 5696 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, write RURAL and give township) Trenton Route 4		c. CITY (If outside corporate limits, write RURAL and give township) Trenton Route 4 Jackson Twp.	
c. LENGTH OF STAY (in this place) 18 years.		d. STREET ADDRESS (If rural, give location) Trenton R# 4	
d. FULL NAME OF HOSPITAL OR INSTITUTION Trenton R#4 Jackson Twp.			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) William c. (Last) Prewitt			4. DATE OF DEATH (Month) (Day) (Year) MAY 28 1951		
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Aug 14 1881	9. AGE (In years last birthday) 69	10. IF UNDER 1 YEAR Months 9 Days 14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER.		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (State or foreign country) Livingston County	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Francis Marion Prewitt	13b. MOTHER'S MAIDEN NAME Nancy Jane Applegate	14. NAME OF HUSBAND OR WIFE Nellie Margaret Herring Prewitt
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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 Nellie Margaret Prewitt.	ADDRESS Livingston County
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis 1/2 year		
	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 4/222	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	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) (Min)	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 **Jan 1st, 1951**, to **May 28th, 1951**, that I last saw the deceased alive on **May 20th, 1951**, and that death occurred at **1:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Oliver F. Duffy M.D.	(Degree or title)	23b. ADDRESS Trenton, Mo.	23c. DATE SIGNED May 29 1951
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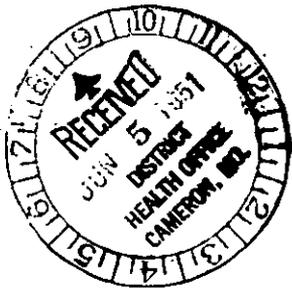
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 30 1951	24c. NAME OF CEMETERY OR CREMATORY Shelburne cemetery	24d. LOCATION (City, town, or county) (State) Trenton R#4 Mo.
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DATE REC'D BY LOCAL REG. May 12 1951	REGISTRAR'S SIGNATURE Francis B Neill	25. FUNERAL DIRECTOR'S SIGNATURE Davis - Blackmon	ADDRESS Trenton, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Oliver Duffy M.D.

(Licensed Embalmer's Statement on Reverse Side)



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 _____

Doyle E. Williams

working under my personal supervision.

Student Embalmer No. 422

Signed *Doyle E. Williams*
Student Embalmer

Signed *Raymond A. Quinn*

Licensed Embalmer No. 3424

P. O. Address Peru, 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.