No. 300
10-48

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

FILED OCT 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34240

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 5650 Registrar's No. 83

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spring River (River)
c. LENGTH OF STAY (in this place): 6 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Five miles North of Verona

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lawrence
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spring River Township (Rural)
d. STREET ADDRESS (If rural, give location): Five Miles North of Verona, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): Aubry
b. (Middle): R.
c. (Last): Prevo

4. DATE OF DEATH (Month) (Day) (Year): October 11, 1951

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 24, 1911
9. AGE (In years last birthday): 40 — If under 1 year: Months 4, Days 17 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Cuningham, Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Glenn W. Prevo
13b. MOTHER'S MAIDEN NAME: Pauline Hilkey
14. NAME OF HUSBAND OR WIFE: Annie Prevo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): yes U.S. Marine Corps
16. SOCIAL SECURITY NO.: 576-01-3932
17. INFORMANT'S SIGNATURE OR NAME: Annie Prevo — ADDRESS: Verona, 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) Metastatic Sarcoma - both lungs — INTERVAL BETWEEN ONSET AND DEATH: 8 wks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Giant cell Sarcoma - left leg — 8 mo.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Amputation left leg - mid thigh — 4 mo

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 1991
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 15, 1951, *to* Oct 11, 1951, *that I last saw the deceased alive on* Sept 7, 1951, *and that death occurred at* 2:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: F. L. Edwards M.D. (Degree or title)
23b. ADDRESS: Monett, Mo
23c. DATE SIGNED: Oct 12-1951

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/13/51
24c. NAME OF CEMETERY OR CREMATORY: Spring River Cemetery
24d. LOCATION (City, town, or county) (State): Verona, Missouri

DATE REC'D BY LOCAL REG.: Oct. 14-51
REGISTRAR'S SIGNATURE: Ora McNatt
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Owen L. Marsh Verona Mo

(Licensed Embalmer's Statement on Reverse Side)

NOV 17 1951

OCT 16 1951

OCT 25 1951

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 Kenneth E. Hayes, Student Embalmer No. 428, working under my personal supervision.

Student Kenneth E. Hayes
Student Embalmer

Signed Oscar L. Marsh

Licensed Embalmer No. 3812

P. O. Address Aurora, Missouri

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.