

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

6065

State File No. ....

**MAR 12 1952**  
BIRTH NO. ....

REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 27

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Pulaski</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dixon</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Waynesville</u>		d. STREET ADDRESS (If rural, give location)	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Lucy</u> b. (Middle) <u>Bell</u> c. (Last) <u>Prewett</u>			<b>4. DATE OF DEATH</b> (Month) <u>2</u> (Day) <u>23</u> (Year) <u>1952</u>			
<b>5. SEX</b> <u>Female</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Widowed</u>		
<b>8. DATE OF BIRTH</b> <u>12/27/1952</u>			<b>9. AGE (In years last birthday)</b> <u>64</u>		<b># UNDER 1 YEAR</b> Months <u>1</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housework</u>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Own Home</u>		<b># UNDER 24 HRS.</b> Hours <u>26</u>	
<b>11. BIRTHPLACE</b> (State or foreign country) <u>Missouri</u>			<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>			

<b>13a. FATHER'S NAME</b> <u>John McMakin</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Mary Brooking</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Boutwell H. Prewett (deceased)</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>X</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Price Prewett, Dixon, Missouri</u>	

<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>1 hour</u>  <u>yes</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Coronary thromboses</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b)</b> <u>Arterio sclerosis</u>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<b>DUE TO (c)</b>	

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>4201</u>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	

<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.			<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	
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**22. I hereby certify that I attended the deceased from June 19 1948, to Feb 19 1952, that I last saw the deceased alive on 2-3-52, 1952, and that death occurred at 1:30 P. m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>[Signature]</u>		<b>23b. ADDRESS</b> <u>[Address]</u>		<b>23c. DATE SIGNED</b> <u>4-March-52</u>	
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>24b. DATE</b> <u>2/26/1952</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Dixon</u>	
<b>24d. LOCATION</b> (City, town, or county) (State) <u>Dixon, Missouri</u>					

<b>DATE REC'D BY LOCAL REG.</b> <u>3-4-52</u>		<b>REGISTRAR'S SIGNATURE</b> <u>[Signature]</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Fred H. Gilbert, Dixon, Missouri</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10.48  
350  
0

AUG 13 1952

RECEIVED 3-4-52  
Pulaski County Health Officer  
File Number 3-10-52  
Date Filed

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

Feb. 23, 1952

working under my personal supervision.

Signed.....  
Student Embalmer

Signed

*Fred M. Gilman*

Student Embalmer No.....

Licensed Embalmer No. 2341

P. O. Address Dixon, 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.