

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

**18642**

State File No. ....

S. No. 300  
V. 10.48

**FILED JUN 1 - 1953**

BIRTH NO. _____		REG. DIST. NO. <u>187</u>		PRIMARY REG. DIST. NO. <u>3040</u>		Registrar's No. <u>78</u>		
1. PLACE OF DEATH a. COUNTY <u>Livingston</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>		c. LENGTH OF STAY (in this place) <u>2 mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caugill</u>		0130		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chillicothe Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>none</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Osborn</u>			b. (Middle) <u>Lee</u>		c. (Last) <u>Prewitt</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 22, 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec. 11, 1895</u>		9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>		11. BIRTHPLACE (State or foreign country) <u>Livingston Co., MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13a. FATHER'S NAME <u>Lewis Prewitt</u>			13b. MOTHER'S MAIDEN NAME <u>Minnie Pester</u>		14. NAME OF HUSBAND OR WIFE <u>Frank B. Prewitt</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank B. Prewitt - Caugill, MO.</u>				
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.				<b>MEDICAL CERTIFICATION</b>				INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Adeno Carcinoma Trans. Colon. Mesenteric Nodes, Liver.</u> DUE TO (c) <u>None</u>				6 yrs mos.
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 <u>153A</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
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)		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 <u>Feb. 14</u> , 19 <u>53</u> , to <u>5/22/</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>5/22/</u> , 19 <u>53</u> , and that death occurred at <u>10:48 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>B. W. Mathewy, M.D.</u>				23b. ADDRESS <u>Chillicothe, Mo.</u>		23c. DATE SIGNED <u>5/25/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 26 - 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Blossfield Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Livingston Co. Mo.</u>			
DATE REC'D BY LOCAL REG. <u>5/25/53</u>		REGISTRAR'S SIGNATURE <u>Frances B. Neild</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Donald Gordon Chillicothe Mo</u>				

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Mathewy

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

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**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 Russell G. Dow.....

Licensed Embalmer No. 4191.....

P. O. Address Chillicothe, Ma......

**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.