

FILED JUL 15 1957

38666-57 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 584-B

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Hickory			
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Springfield, MO		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Paral-Starks		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hosp			Length of stay in lb 3 days	d. STREET ADDRESS 0430 (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Pul Middle Curtis Last Prewitt				4. DATE OF DEATH Month 6 Day 30 Year 57			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 6-27-1957		9. AGE (In years last birthday) —	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Springfield, MO		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Glen Thomas Prewitt				14. MOTHER'S MARDEN NAME Boulah Mae Thomas			
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. —		17. INFORMANT Address Glen T. Prewitt, Preston, MO			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Persistent alelectasis due to Pulmonary ageneis DUE TO (b) — DUE TO (c) Prematurity (32 wks pregnancy) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 7590						INTERVAL BETWEEN ONSET AND DEATH 3 days	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 6-27-57 to 6-30-57 and last saw ^{him} her alive on 6-30-57 Death occurred at 10 P m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE E. J. Schwartz M.D. (Degree of M.D.)				22b. ADDRESS 609 Cherry, Springfield, Mo.		22c. DATE SIGNED 7-3-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 7-2-57	23c. NAME OF CEMETERY OR CREMATORY Mission Ridge		23d. LOCATION (City, town, or county) (State) Dallas Co MO		
24. FUNERAL DIRECTOR Allen W. Vaughan ADDRESS Urbana, Mo			25. DATE RECD. BY LOCAL REG. 7-8-57		26. REGISTRAR'S SIGNATURE Edith Williamson		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....
Signature of Student Embalmer

Signed *Allen W. Vaughan*

Licensed Embalmer No. *41*

P. O. Address *Urban*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.