

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015352

STATE FILE NUMBER

FILED MAY 9 1958

Registration District No. 294 Primary Registration District No. 2056 Registrar's No. 107

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly		c. CITY OR TOWN Centralia	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Community Memorial		d. STREET ADDRESS (If outside, give location) 807 East Sims	
Length of stay in 1b 9 weeks		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Sarah Middle Alice Last Prewitt			4. DATE OF DEATH Month April Day 23 Year 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 11, 1902	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Month 7 Days 12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Tama County, Iowa	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Solomon H. Ferneau			14. MOTHER'S MAIDEN NAME Ellen Wilkinson		
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 Melvin Prewitt Address Centralia, 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) Uremia			INTERVAL BETWEEN ONSET AND DEATH 18 hrs.
Generalized Abdominal Metastasis			1 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Primary Carcinoma of Liver			4 mos.
DUE TO (c) 1550			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 11:16 Month Feb. Day 20 Year 1958 a. m. P.M. p. m.	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20e. CITY, TOWN, OR LOCATION Centralia	COUNTY Boone STATE Missouri

21. I attended the deceased from **Feb. 20, 1958** to **April 23, 1958** and last saw **Apr. 23, 1958** alive on **April 23, 1958**
Death occurred at **11:16 P.M.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Sarah A. Gally, Jr.</i> (Degree or title)	22b. ADDRESS 203 1/2 North Clark, Moberly, Mo.	22c. DATE SIGNED 4/28/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 26, '58	23c. NAME OF CEMETERY OR CREMATORY Centralia	23d. LOCATION (City, town, or county) (State) Centralia, Mo.
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24. FUNERAL DIRECTOR <i>Bill P. Meador</i> ADDRESS Centralia, Missouri	25. DATE RECD. BY LOCAL REG. 4-26-58	26. REGISTRAR'S SIGNATURE <i>Paul V. Lowe</i>
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(Licensed Embalmer's Statement on Reverse Side)

health, Welfare, Public Service, 300 1-56, Doctor, careener, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Careener cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

1958
MAY 6

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 *Bill J. Meslor*

Licensed Embalmer No. *487*
P. O. Address *Centralia, W. Va.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above!