

STANDARD CERTIFICATE OF DEATH

58-033728

STATE FILE NUMBER

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 317

FILED OCT 6 1958

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <u>PETTIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SEDALIA</u>		c. CITY OR TOWN <u>WARSAW</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BOTHWELL MEMORIAL</u>		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>EVERETT HENRY PREWITT</u>			4. DATE OF DEATH Month Day Year <u>SEPT 30 1958</u>		
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>OCT 28, 1876</u>	9. AGE (In years last birthday) <u>81</u>	10. UNDER 1 YEAR Months Days <u>11 2</u>	11. UNDER 24 HRS. Hours Min. <u>11 2</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>County officer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>County Treasurer</u>	11. BIRTHPLACE (City and state or country) <u>Monroe City, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>
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13. FATHER'S NAME <u>John Morgan Prewitt</u>	13b. MOTHER'S MAIDEN NAME <u>Martha E. Berry</u>	14. NAME OF HUSBAND OR WIFE <u>Mildred Prewitt</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT <u>Everett Prewitt Jr. Sedalia, Mo</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>GASTROINTESTINAL Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <u>PROBABLE MALIGNANCY of BOWEL</u>		
DUE TO (c) <u>1539</u>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Abscess of Abdominal Wall. Uremia.</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 Month, Day, Year 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 11 Sept 1958 to 30 Sept 1958 and last saw him alive on 30 Sept 1958  
Death occurred at 9:45 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Ronald C. Shott m.d.</u>	(Degree or title)	22b. ADDRESS <u>Sedalia, Mo.</u>	22c. DATE SIGNED <u>30 Sept 1958</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Oct 2, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	23d. LOCATION (City, town, or county) (State) <u>Sedalia Pettis Co, Mo</u>
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24. FUNERAL DIRECTOR <u>John F. Riser Warsaw</u>	ADDRESS <u>Warsaw</u>	25. DATE RECD. BY LOCAL REG. <u>10-1-1958</u>	26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u>
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

**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 *John A. Reser* .....

Licensed Embalmer No. *4098* .....

P. O. Address *Warsaw* .....

**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.