Health, & Welfare Public Service

S. 300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-038890

STATE FILE NUMBER

FILED NOV 24 1958 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 514

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Columbia, Mo. — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 813 E. Sunset Lane — Length of stay in lb: 24 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Boone
c. CITY OR TOWN: Columbia — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 0105 813 E. Sunset Lane — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Reuben — Middle: Caswell — Last: Prewitt

4. DATE OF DEATH: Month: Nov. — Day: 16 — Year: 1958

5. SEX: M c

6. COLOR OR RACE: W

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: Dec. 13 1915

9. AGE (In years last birthday): 42 — IF UNDER 1 YEAR: Months 11, Days 3 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Employee of Mo. Univ.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Pike County Mo

12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: William C. Prewitt

13b. MOTHER'S MAIDEN NAME: Melenda Whiggington

14. NAME OF HUSBAND OR WIFE: Nancy Cortelyoue

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W. II

16. SOCIAL SECURITY NO.: 489-20-1802

17. INFORMANT: Wife — Address: 813 E. Sunset Lane

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Self inflicted gun shot wound

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):

DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 976 X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [X] HOMICIDE [ ]

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. Month, Day, Year: 11 16 58

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home

20f. CITY, TOWN, OR LOCATION: Columbia — COUNTY: Boone — STATE: Missouri

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____. Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title) Petion Corner 3

22b. ADDRESS: Columbia, Missouri

22c. DATE SIGNED: Nov. 16, '58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Nov. 17, 1958

23c. NAME OF CEMETERY OR CREMATORY: Clarksville

23d. LOCATION (City, town, or county) (State): Clarksville, Missouri

24. FUNERAL DIRECTOR — ADDRESS: Parker Funeral Service Columbia Mo

25. DATE RECD. BY LOCAL REG.: Nov. 17, 1958

26. REGISTRAR'S SIGNATURE: Mrs. R.E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

DEC 3 1958

NOV 25 1958

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 George A. Kerby

Licensed Embalmer No. 4752

P. O. Address Columbia, Me

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.