

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017087

STATE FILE NUMBER

FILED MAY 25 1959

Registration District No. 71

Primary Registration District No. 3012

Registrar's No. 51

00
57

1. PLACE OF DEATH a. COUNTY Clay			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kentucky b. COUNTY Garrard		
b. CITY (If outside corporate limits, give TOWNSHIP only) Excelsior Springs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Lancaster		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McCleary Thornton Minor Hospital		Length of stay in lb 5 days	816 d. STREET ADDRESS 329. Richmond		(If outside, give location) Excelsior Springs, Mo. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Pauline Middle A. Last Prewitt			4. DATE OF DEATH Month May Day 15 Year 1959		
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. 15, 1891		9. AGE (In years last birthday) 67 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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Garrard, County, Ken.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME George Adkinson		13b. MOTHER'S MAIDEN NAME Nancy Layton		14. NAME OF HUSBAND OR WIFE Dave L. Prewitt	
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. None	17. INFORMANT Mr. Dave L. Prewitt, Lancaster, Kentucky Address _____		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INTERSTITIAL MYOCARDITIS					INTERVAL BETWEEN ONSET AND DEATH 14 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DIVERTICULITIS - 9 Colon					years
DUE TO (c) Coronary Artery Sclerosis.					?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 572.1					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 _____ 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 May 11-15-59 , to May 15-15-59 and last saw her alive on May 15-15-59 Death occurred at 11:10 AM 5-15-59 m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Mrs. H. G. Tilton			22b. ADDRESS Excelsior Springs, Mo.		22c. DATE SIGNED 5/15/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5-15-1959	23c. NAME OF CEMETERY OR CREMATORY Lancaster		23d. LOCATION (City, town, or county) (State) Lancaster, Kentucky
24. FUNERAL DIRECTOR Prichard Funeral Home, Inc.		ADDRESS Excelsior Springs, Missouri		25. DATE RECD. BY LOCAL REG. 5-16-59	26. REGISTRAR'S SIGNATURE Barlene Bulchick

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.



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 *Indell Jarman*

Licensed Embalmer No. *4589*

P. O. Address *Excelsior Springs*

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.