

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. AUG 23 1960

149

Primary Registration District No. 1002 Registrar's No.

406960-030747
STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY JACKSON					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in lb 24 yrs		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2828 TRACY			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2828 TRACY		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Edgar Middle B. Last Prewitt				4. DATE OF DEATH Month 8- Day 6- Year 1960					
5. SEX male		6. COLOR OR RACE WHITE		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1-14-1868		9. AGE (last birthday) 92 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Ret. Grocer			10b. KIND OF BUSINESS OR INDUSTRY Self		11. BIRTHPLACE (City and state or country) Blue Springs Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Fisher M. Prewitt			13b. MOTHER'S MAIDEN NAME Malena Steele			13c. NAME OF HUSBAND OR WIFE Lula E. 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. -		17. INFORMANT Address Ladep, Mo. Bernard Prewitt 11201 E 40				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Accident							INTERVAL BETWEEN ONSET AND DEATH 2 weeks		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Cerebral Sclerosis					unknown		
		DUE TO (c) Generalized Arteriosclerosis					unknown		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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 July 15-60 to 8-6-60 and last saw him alive on 8-5-1960 Death occurred at 7:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.									
22. SIGNATURE (Degree or title) [Signature]				22b. ADDRESS 5246 St John				22c. DATE SIGNED 8/8/60	
23a. BURIAL, CREMATION, REMOVAL (specify) BURIAL		23b. DATE 8-9-1960		23c. NAME OF CEMETERY OR CREMATORY Floreal Hills		23d. LOCATION (City, town, or county) (State) Kansas City Mo.			
24. FUNERAL DIRECTOR Floreal Hills Memorial Chapel			ADDRESS KCMo.		25. DATE RECD. BY LOCAL REG. 8-8-60		26. REGISTRAR'S SIGNATURE H-L. Dwyer		

DOCUMENT

A. Kienberg MEDICAL CERTIFICATION

BY AFFIDAVIT OF

524
Bill

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Forest D. Coldan

Licensed Embalmer No. 4714

P. O. Address RCM

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
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.