

Health,  
Welfare  
Public  
Service

00  
571

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34556

STATE FILE NUMBER

FILED OCT 15 1957

Registration District No. 336 Primary Registration District No. 4493 Registrar's No. 431

1. PLACE OF DEATH a. COUNTY Shannon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Shannon	
b. CITY OR TOWN Birch Tree		c. CITY OR TOWN Birch Tree	
c. FULL NAME OF HOSPITAL OR INSTITUTION home		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) Hannah Arminta Prewett		4. DATE OF DEATH Oct. 3, 1957	
5. SEX Female	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 Nov. 11, 1876
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) Dixon, Mo.
13a. FATHER'S NAME James Seek		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no		17. INFORMANT Address George Prewett, Birch Tree, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic myocarditis DUE TO (b) Chronic potential nephritis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 1 yr.
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 <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 JUNE 6 - 57 to SEPT 29 - 57 and last saw her alive on SEPT 29 - 57. Death occurred at 6 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE H. J. Rollins M.D. (Degree or title)		22b. ADDRESS Winona, Mo.	
22c. DATE SIGNED 10-14-57			
23a. BURIAL, CREMATION, (Specify) Burial		23b. DATE 10/6/57	
23c. NAME OF CEMETERY OR CREMATORY Mount. Zion		23d. LOCATION (City, town, or county) Winona, Missouri (State)	
24. FUNERAL DIRECTOR Duncan Funeral Home Mt. View, Mo.		25. DATE RECD. BY LOCAL REG. Oct 14. 57	
26. REGISTRAR'S SIGNATURE Inahee Prewett			

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 *Richard A. Norton*

Licensed Embalmer No. .... 5029

P. O. Address *Mtn. View, Mo.*

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.