

FILED MAY 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11486

BIRTH NO. _____		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006		Registrar's No. 105					
1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Bollinger							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marble Hill							
d. FULL NAME OF HOSPITAL OR INSTITUTION Noyes Hospital				d. STREET ADDRESS (If rural, give location)							
3. NAME OF DECEASED (Type or Print)		a. (First) RALPH		b. (Middle) ASHLEY		c. (Last) DeWITT					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 15, 1883					
9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Probate Judge		11. BIRTHPLACE (State or foreign country) Scopus, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.					
13a. FATHER'S NAME S.E. DeWitt		13b. MOTHER'S MAIDEN NAME Mary Elizabeth Barker		14. NAME OF HUSBAND OR WIFE Della Crader							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME John W. DeWitt, ADDRESS Columbia, Mo.							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) Arterio-sclerosis - general DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 4301				19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐									
22. I hereby certify that I attended the deceased from 4/15, 1949 to 4/19, 1949 that I last saw the deceased alive on 4/18, 1949, and that death occurred at 3:00 p.m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) R. E. Palmer		23b. ADDRESS Columbia Mo.		23c. DATE SIGNED 4/19/49							
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Apr. 19, 1949		24c. NAME OF CEMETERY OR CREMATORY Marble Hill Cemetery		24d. LOCATION (City, town, or county) (State) Marble Hill, Mo.					
DATE REC'D BY LOCAL REG. April 18 1949		REGISTRAR'S SIGNATURE Mrs. R. E. Palmer		31		25. FUNERAL DIRECTOR'S SIGNATURE Parker Funeral Service, ADDRESS Columbia, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 9
District File Number
Date Filed
MAY 12 1949

MAY 14 1949

MAY 13 1949

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.

Signed _____
Student Embalmer

Signed M. S. Whitfield

Licensed Embalmer No. 3893

P. O. Address Columbia 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 this body is not embalmed, fact should be so stated above.