

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36251

State File No. ....

BIRTH NO. _____		REG. DIST. NO. 15		PRIMARY REG. DIST. NO. 5067		Registrar's No. 56			
1. PLACE OF DEATH a. COUNTY BARTON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY BARTON 6					
b. CITY OR TOWN IANTHA		c. LENGTH OF STAY (in this place) 47 YRS		c. CITY OR TOWN IANTHA		0			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) HERSHEL DE WITT			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH NOV 28 1949			
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH DEC 25 1901			
9. AGE (In years last birthday) 47		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCKER			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) LIBERAL, MISSOURI 0		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME GEORGE DE WITT			13b. MOTHER'S MAIDEN NAME MARY C. CLARIDA			14. NAME OF HUSBAND OR WIFE NONE			
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'S SIGNATURE OR NAME ADDRESS MRS. MARY C. DE WITT, IANTHA, MISSOURI					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion					INTERVAL BETWEEN ONSET AND DEATH 4 20		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)					11/11/49		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. abscess submaxillary gland									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Nov. 11, 1949, to Nov. 28, 1949, that I last saw the deceased alive on Nov. 27, 1949, and that death occurred at 1 a.m., from the causes and on the date stated above.									
23a. SIGNATURE Bern T. Bichel, M.D.				23b. ADDRESS Lamar, Mo.		23c. DATE SIGNED 11/29/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE NOV 30 1949		24c. NAME OF CEMETERY OR CREMATORY BARTON CITY CEMETERY		24d. LOCATION (City, town, or county) (State) LIBERAL, MISSOURI			
DATE REC'D BY LOCAL REG NOV 30 1949		REGISTRAR'S SIGNATURE Marie Konantz		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS KONANTZ FUNERAL HOME, LAMAR, MISSOURI					

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DEC 7 1949  
District Health Office No. 6,  
District File Number 1249-1322  
Date Filed 12-7-49

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 \_\_\_\_\_

Walter J. Konantz

Student Embalmer No. 319

working under my personal supervision.

Signed Walter J. Konantz  
Student Embalmer

Signed Frank W. Denton

Licensed Embalmer No. 4581

P. O. Address Lamar, Missouri

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.