V.S. No. 300
Rev. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 3 1950

State File No. 23808

BIRTH NO. 41931-50 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2004 Registrar's No. 334

0465

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

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JOPLIN
c. LENGTH OF STAY (In this place): 5 HRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): FREEMAN HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JASPER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JOPLIN 0495
d. STREET ADDRESS (If rural, give location): FREEMAN HOSPITAL

3. NAME OF DECEASED (Type or Print): a. (First) (UNNAMED) b. (Middle) c. (Last) DEWITT

4. DATE OF DEATH: (Month) JULY (Day) 20 (Year) 1950

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED

8. DATE OF BIRTH: JULY 20, 1950

9. AGE (In years last birthday): — IF UNDER 1 YEAR: Months — Days; IF UNDER 24 HRS.: Hours 5 Min. 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (State or foreign country): MISSOURI

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: LOWELL DEWITT

13b. MOTHER'S MAIDEN NAME: LEONA WITT

14. NAME OF HUSBAND OR WIFE: —

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'S SIGNATURE OR NAME AND ADDRESS: LOWELL DEWITT JOPLIN

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature — INTERVAL BETWEEN ONSET AND DEATH: 5 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 7760X

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 20, 1950, to July 20, 1950, that I last saw the deceased alive on July 20, 1950, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): John E. Burch M.D.

23b. ADDRESS: 804 Frisco Bldg, Joplin, Mo.

23c. DATE SIGNED: 7-22-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 27 July 50

24c. NAME OF CEMETERY OR CREMATORY: OAK MEM PK CEM

24d. LOCATION (City, town, or county) (State): JOPLIN MO

DATE REC'D BY LOCAL REG.: 7-24-50

REGISTRAR'S SIGNATURE: 138 By Debra Langston

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Hurlburt & Glover Mort Joplin

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 8-2-50
Jasper County Health Office
County File Number 50-7-564
Date Filed 8-2-50

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 Everett Hicks working under my personal supervision.

Student Embalmer No. 372

Signed Everett A. Hicks
Student Embalmer

Signed Dal Glover

Licensed Embalmer No. 45-93

P. O. Address Joplin, 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.