

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23809**

FILED AUG 3 1950

BIRTH NO. **41930-50** REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **204** Registrar's No. **533**

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) JOPLIN		c. CITY (If outside corporate limits, write RURAL and give township) JOPLIN	
d. FULL NAME OF HOSPITAL OR INSTITUTION FREEMAN HOSPITAL		d. STREET ADDRESS (If rural, give location) FREEMAN HOSPITAL	

3. NAME OF DECEASED (Type or Print) (UNNAMED)		a. (First) DEWITT		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) JULY 20 1950	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, NEVER MARRIED		8. DATE OF BIRTH JULY 20, 1950		9. AGE (In years last birthday) 0 IF UNDER 1 YEAR Months Days IF UNDER 14 HRS. Hours Min. 6 45	
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 HOWELL 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) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME LOWELL DEWITT ADDRESS JOPLIN	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature ANTECEDENT CAUSES Morbidity 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.		INTERVAL BETWEEN ONSET AND DEATH 5 hr	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		19c. 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) (Min.)		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**, 19**50**, to **July 20**, 19**50**, that I last saw the deceased alive on **July 20**, 19**50**, 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 Third St., Joplin, Mo		23c. DATE SIGNED 7-22-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE July 27, 1950		24c. NAME OF CEMETERY OR CREMATORY OZARK MEM. PK. CEM.	
24d. LOCATION (City, town, or county) (State) JOPLIN MO		25. FUNERAL DIRECTOR'S SIGNATURE Hurlbut Cheever Mort.		ADDRESS	
DATE REC'D BY LOCAL REG. 7-24-50		REGISTRAR'S SIGNATURE Edgar James		138	

(Licensed Embalmer's Signature on Reverse Side)

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

0495

RECEIVED 8-2-50

Jasper County Health Office

County File Number 50-7-563

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 Ernest A. Hicks
Student Embalmer

Signed Dale Glover

Licensed Embalmer No. 4593

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.