

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 13 1951

State File No. 42166
Registrar's No. 10985

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. 1003		State File No. 42166		Registrar's No. 10985			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE Where deceased lived. If institution: residence before admission. a. STATE Mo. b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2169							
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital				d. STREET ADDRESS (If rural, give location) 16 3651 Giles 0							
3. NAME OF DECEASED (Type or Print) a. (First) Octavia b. (Middle) Margaret c. (Last) DeWitt				4. DATE OF DEATH (Month) (Day) (Year) Dec.-23, 1950							
5. SEX F..		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Mar. 11, 1902		9. AGE (In years) 48			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mess & Culberston				10b. KIND OF BUSINESS OR INDUSTRY Jewlery Co.		11. BIRTHPLACE (State or foreign country) Kansas City, Kansas /					
12. CITIZEN OF WHAT COUNTRY? U.S.A.											
13a. FATHER'S NAME Eugene Mosley				13b. MOTHER'S MAIDEN NAME Georgia Moore				14. NAME OF HUSBAND OR WIFE John O. DeWitt			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John O. DeWitt, 3641 Giles					
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, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ 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. 19a. DATE OF OPERATION _____				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH Coronary Occlusion Aortitis 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? 4281							
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 900 A. m., from the causes and on the date stated above.											
23a. SIGNATURE Gabriel E Taylor Coroner (Degree or title)				23b. ADDRESS 1300 Clark				23c. DATE SIGNED DEC 23 1950			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12/26/50		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Kansas					
DATE REC'D BY LOCAL REG. DEC 24 1950		REGISTRAR'S SIGNATURE J.B. Lucater				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS - Macken Heldrich Und. Co., 3634 Gravois					

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_____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed.....

Licensed Embalmer No. 2678

P. O. Address. W. Landmo.

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.