

FILED MAR 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5573

0804

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <u>PETTIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PETTIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SEDALIA</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SEDALIA</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>717 EAST 9th</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BOTHWELL MONERIAL HOSP.</u>			
3. NAME OF DECEASED a. (First) <u>MARCUS</u> (Type or Print)		b. (Middle) <u>A.</u>	
c. (Last) <u>DeWITT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 22, 1951</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 15, 1858</u>
9. AGE (In years last birthday) <u>92</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineer-Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mo-Pac.R.R.</u>	11. BIRTHPLACE (State or foreign country) <u>Warren Co. New Jersey</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Josiah DeWitt</u>		13b. MOTHER'S MAIDEN NAME <u>Susannah Ridgeway</u>	
14. NAME OF HUSBAND OR WIFE <u>Elizabeth G. DeWitt</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Miss Mabel DeWitt, Sedalia, Mo</u>		ADDRESS _____	
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) <u>Uremia.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) <u>Chronic Myocarditis, Decompensated.</u>		15 days.	
DUE TO (c) _____		4222	
II. OTHER SIGNIFICANT CONDITIONS		2 yrs.	
Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility.</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>None.</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None.</u>		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) <u>None.</u>		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 <u>Over 15 yrs 19</u> , to <u>February 22nd, 1951</u> that I last saw the deceased alive on <u>2-21-51</u> , 19____, and that death occurred at <u>4.45 AM</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>John B. Carlisle, M.D.</u> (Degree or title)		23b. ADDRESS <u>Sedalia, Missouri.</u>	
23c. DATE SIGNED <u>2-23-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/24/51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo</u>	
DATE REC'D BY LOCAL REG. <u>2/24/1951</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Sedalia, Mo.</u>	

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

RECEIVED 3-6-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 3-6-51 _____

RECEIVED
MAR 10 1951

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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.

Student _____
Student Embalmer

Signed Regan F. Fuller

Licensed Embalmer No. 4818

P. O. Address Sedalia, 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.