

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11311

FILED MAR 26 1951

1070

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

BIRTH NO. _____		REG. DIST. NO. <u>355</u>		PRIMARY REG. DIST. NO. <u>4520</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Texas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Texas</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Summersville, MO</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Summersville, MO</u>		1070			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				d. STREET ADDRESS (If rural, give location) <u>U</u>					
3. NAME OF DECEASED a. (First) <u>Gilbert</u> (Type or Print)			b. (Middle) <u>J</u>		c. (Last) <u>DeWitt</u>		4. DATE OF DEATH <u>March 4 1951</u> (Month) (Day) (Year)		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>April 3</u>		9. AGE (In years last birthday) <u>73</u> # UNDER 1 YEAR Months Days # UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Leather Worker</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Issac DeWitt</u>			13b. MOTHER'S MAIDEN NAME <u>America Short</u>			14. NAME OF HUSBAND OR WIFE <u>Vicie DeWitt</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Elizabeth DeWitt</u> ADDRESS <u>Summersville, MO</u>				
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) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Valvular Disease</u> DUE TO (c) <u>Poor Nutritional Cold</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>4214</u>	
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 <u>Dec 27, 1950</u> to <u>Nov 21, 1951</u> , that I last saw the deceased alive on <u>Nov 21, 1951</u> , and that death occurred at <u>6 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Dr. Laverne Hampton, M.D.</u> (Degree or title)				23b. ADDRESS <u>Summersville, MO</u>			23c. DATE SIGNED <u>Nov 21</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mch, 6 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Zion Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Pomona Mo</u>			
DATE REC'D BY LOCAL REG. <u>Mar 16-51</u>		REGISTRAR'S SIGNATURE <u>Anna Roberts</u> <u>483</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Duncan funeral home, Mtn View, MO</u> ADDRESS				

~~DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED MAR 21 1951
Dist. File _____
Date Filed _____~~

DIVISION OF HEALTH OF MO.
Dist. No. 5 - Springfield
RECEIVED MAR 21 1951
Dist. File 351-598
Date Filed 3-21-51

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 John F. Lincum
Licensed Embalmer No. 2516
P. O. Address W. View 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.