

FILED MAY 21 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 16176

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 425

1. PLACE OF DEATH

a. COUNTY Greene

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield

c. LENGTH OF STAY (In this place) 2 months

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE California

b. COUNTY SAN DIEGO

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN San Diego 8040

d. FULL NAME OF HOSPITAL OR INSTITUTION Harrison Rest Home

d. STREET ADDRESS (If rural, give location) Unknown 8

3. NAME OF DECEASED

a. (First)

b. (Middle)

c. (Last)

Harriett

DeWitt

4. DATE OF DEATH (Month) (Day) (Year) May 11, 1951

5. SEX

Female

6. COLOR OR RACE

White

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

Single

8. DATE OF BIRTH

Aug. 29 1894

9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 1 MTH.

56

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Real Estate

10b. KIND OF BUSINESS OR INDUSTRY

Real Estate

11. BIRTHPLACE (State or foreign country)

Kansas City, Mo.

12. CITIZEN OF WHAT COUNTRY?

USA

13a. FATHER'S NAME

Irwin DeWitt

13b. MOTHER'S MAIDEN NAME

Elizabeth Knecht

14. NAME OF HUSBAND OR WIFE

None

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 NUMBER

Unknown

17. INFORMANT'S SIGNATURE OR NAME ADDRESS

Mrs. C.M. Bartholomew, San Diego Cali

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*

(a) Probably coronary occlusion

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.

Epileptic convulsions

UNATTENDED BY A PHYSICIAN

INTERVAL BETWEEN ONSET AND DEATH

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)

4201

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 10 to 10, that I last saw the deceased alive on, 10, and that death occurred at 3:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE

W. H. Lohmeyer

23b. ADDRESS

City Hall, Springfield, Mo.

23c. DATE SIGNED

5/14/51

24a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24b. DATE

May 14, 1951

24c. NAME OF CEMETERY OR CREMATORY

Forrest

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

Kansas City, Mo.

DATE REC'D BY LOCAL REG.

5-14-51

REGISTRAR'S SIGNATURE

W. H. Lohmeyer

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

H. H. Lohmeyer Springfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

1396
 A

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.....

Lucien T. Swadlow

Signed.....
Student Embalmer

Licensed Embalmer No.....

4875

P. O. Address.....

Springfield

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.