

FILED JUN 22 1951

STANDARD CERTIFICATE OF DEATH

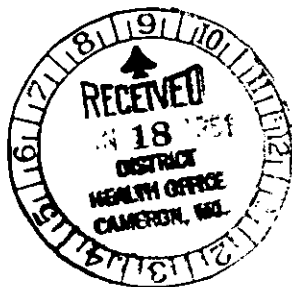
State File No. 19953

0410

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

BIRTH NO.		REG. DIST. NO. 133		PRIMARY REG. DIST. NO. 4205		Registrar's No. 42	
1. PLACE OF DEATH a. COUNTY Harrison Co				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Harrison			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Belman City		c. LENGTH OF STAY (in this place) 24, 3 months		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Belman City Mo 0410			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION none				d. STREET ADDRESS (If rural, give location) none			
3. NAME OF DECEASED (Type or Print)		a. (First) CLARA		b. (Middle) MARGARET		c. (Last) DEWITT	
4. DATE OF DEATH		(Month) 6		(Day) 3		(Year) 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1-19-1874	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 4	IF UNDER 1 YEAR Days 14	IF UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housekeeping		11. BIRTHPLACE (State or foreign country) Hopkins Mo - USA		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Thomas DeWitt		13b. MOTHER'S MAIDEN NAME Mary Johnson		14. NAME OF HUSBAND OR WIFE James DeWitt			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME - James DeWitt			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) chronic heart disease - coronary ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) chronic heart disease DUE TO (c) chronic heart disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6-15-42 6-3-51	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4221				20. AUTOPSY? YES <input 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) (Min.)		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 <input checked="" type="checkbox"/> 1942, to <input checked="" type="checkbox"/> June 2, 1951, that I last saw the deceased alive on June 2, 1951, and that death occurred at 4 A. M., from the causes and on the date stated above.							
23a. SIGNATURE Zola Burris				23b. ADDRESS Belman City, Mo		23c. DATE SIGNED 6-9-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-4-1951		24c. NAME OF CEMETERY OR CREMATORY Christian Union		24d. LOCATION (City, town, or county) (State) Country, North of Belman Mo	
DATE REC'D BY LOCAL REG. June 14-51		REGISTRAR'S SIGNATURE Zola Burris		25. FUNERAL DIRECTOR'S SIGNATURE W. D. James, Belman City, Mo			

(Licensed Embalmer's Statement on Reverse Side)



54 7-1-5 - unmarked - interred in vault
2 - this was personal in nature.

10 2-1-5 - interred in vault
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 _____
W. D. Haines Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed W. D. Haines
Licensed Embalmer No. 842
P. O. Address Edenton, N.C.

(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.