

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43778

State File No.

Registrar's No.

BIRTH NO.		REG. DIST. NO. <u>347</u>		PRIMARY REG. DIST. NO. <u>4507</u>		Registrar's No. <u>58</u>	
1. PLACE OF DEATH a. COUNTY <u>Stone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Stone</u>			
b. CITY OR TOWN <u>Crane</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Crane</u>		1640	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>8</u>			
3. NAME OF DECEASED (Type or Print) <u>Amanda</u>		a. (First)		b. (Middle) <u>De Witt</u>		c. (Last)	
4. DATE OF DEATH		(Month)		(Day)		(Year)	
<u>Nov</u>		<u>27</u>		<u>-51</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Mar 18-1872</u>	
9. AGE (in years last birthday) <u>78</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>4</u>		IF UNDER 1 YEAR Hours <u></u> Mins. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Harrison Ark</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Marion Clements</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Nation</u>		14. NAME OF HUSBAND OR WIFE			
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. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>A.W. Hewitt</u>		ADDRESS <u>Crane 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiovascular renal disease</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>6 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>44-2 X</u>				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) 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>Oct. 18, 1950</u> , to <u>11-22, 1951</u> , that I last saw the deceased alive on <u>Oct. 18, 1951</u> , and that death occurred at <u>9:15 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Thos. J. Elmer</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Crane Mo</u>		23c. DATE SIGNED <u>11-26-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/25/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Eisenham</u>		24d. LOCATION (City, town, or county) (State) <u>Christian Co. Mo</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 27-51</u>		REGISTRAR'S SIGNATURE <u>Mrs. J. Elmer Brasseur</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harry H. Mankre</u>		ADDRESS <u>Crane Mo.</u>	

p.w. Lina Murray (Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED, DEC 18 1951

Dist. File 12-21-3133

Date Filed 12-18-51

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, only

working under my personal supervision.

Student Embalmer No.

Signed Henry H. Manlove

Signed
Student Embalmer

Licensed Embalmer No. 3827

P. O. Address Crane 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.