

FILED NOV 3 1952

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 37

BIRTH NO. _____		REG. DIST. NO. 381		PRIMARY REG. DIST. NO. 4573		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Sullivan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Sullivan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Milan		c. LENGTH OF STAY (in this place) 8 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Milan 1053			
d. FULL NAME OF HOSPITAL OR INSTITUTION Home in Milan				d. STREET ADDRESS (If rural, give location) No street address			
3. NAME OF DECEASED (Type or Print) Wanita		a. (First)		b. (Middle) Mount		c. (Last) DEWITT	
4. DATE OF DEATH Oct. 23, 1952		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Aug. 14, 1978		9. AGE (in years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and State or foreign Country) West Virginia	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME J. J. Howell		13b. MOTHER'S MAIDEN NAME Hannah Mount		14. NAME OF HUSBAND OR WIFE T. H. DeWitt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. V. A. LaFaver, Green City, Mo.			
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) Carcinoma of stomach ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of stomach DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid arthritis INTERVAL BETWEEN ONSET AND DEATH 1 year				20. AUTOPSY? YES ☐ NO ☒	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		151X			
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Aug. 1, 1952, to Oct. 13, 1952, that I last saw the deceased alive on Oct. 23, 1952, and that death occurred at 7:30 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Howard Carter M.D.				23b. ADDRESS Brownings, Mo.		23c. DATE SIGNED Oct. 26, 52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 23, 1952		24c. NAME OF CEMETERY OR CREMATORY Oakwood Cemetery		24d. LOCATION (City, town, or county) (State) Milan, Missouri	
DATE REC'D BY LOCAL REG. Oct. 31, 1952		REGISTRAR'S SIGNATURE Mrs. H. B. Harris		25. FUNERAL DIRECTOR'S SIGNATURE Glenn E. Kent & Son, Green City, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

1050

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

Karl R. Kent

Licensed Embalmer No. *4689*

P. O. Address *Green City, 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.