

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 24 1952

State File No. **44210**
(230)
Registrar's No. **230**

BIRTH NO.		REG. DIST. NO. 333	PRIMARY REG. DIST. NO. 3074
1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mol Delta Community Hosp		d. STREET ADDRESS (If rural, give location) Route 2	
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Louie c. (Last) DeWitt			4. DATE OF DEATH (Month) (Day) (Year) 12-6-1952
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9-12-1883
9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate	11. BIRTHPLACE (State or foreign country) Sikeston, Missouri
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	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Jerry M. DeWitt		13b. MOTHER'S MAIDEN NAME Katie Shelby	14. NAME OF HUSBAND OR WIFE Vernie Perry
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 NO. ---	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs J.L. DeWitt, Sikeston Mo R2
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia INTERVAL BETWEEN ONSET AND DEATH 10 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio vascular disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 442X	
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 11-25-1952 , to 12-6-1952 , that I last saw the deceased alive on 12-6-1952 , and that death occurred at 11:50 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE [Signature]		23b. ADDRESS Sikeston Mo	
23c. DATE SIGNED 12-13-52			
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-9-52	
24c. NAME OF CEMETERY OR CREMATORY Oakwood		24d. LOCATION (City, town, or county) (State) Miss Co. Mo	
DATE REC'D BY LOCAL REG. 12-13-52		REGISTRAR'S SIGNATURE [Signature]	
25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS St Louis, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED DEC 22 1952
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 1252-336

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. 467

Signed T. Travis W. Shelby Jr.
Student Embalmer

Signed Travis Shelby

Licensed Embalmer No. 2756

P. O. Address East Prairie, 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.