

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8778**

FILED MAR 16 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **74**

1. PLACE OF DEATH a. COUNTY <b>Boone</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Boone</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Columbia</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Columbia 0105</b>	
c. LENGTH OF STAY (In this place) <b>34 days</b>		d. STREET ADDRESS (If rural, give location) <b>213 Wash ST</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Tyler Nursing Home</b>			

3. NAME OF DECEASED (Type or Print) <b>Jeannette DeWitt Lettoon</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 6 1953</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>June 16 1877</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>20</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own</b>	11. BIRTHPLACE (State or foreign country) <b>Delaware, Ohio</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>John DeWitt</b>		13b. MOTHER'S MAIDEN NAME <b>Lucretia Partley</b>		14. NAME OF HUSBAND OR WIFE <b>Charles Lettoon</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Aubrey Hammett Columbia, Mo.</b>	

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) <b>URMIA</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 months</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>CARDIO-VASCULAR RENAL DISEASE 7 years</b>			
		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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)	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 **Sept**, 1952, to **6 March**, 1953, that I last saw the deceased alive on **6 March**, 1953, and that death occurred at **10:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Charles A. Keech M.D.</b>	23b. ADDRESS <b>Columbia, Mo</b>	23c. DATE SIGNED <b>7 March 1953</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>March 8 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>San Diego Cem</b>	24d. LOCATION (City, town, or county) (State) <b>San Diego California</b>
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DATE REC'D BY LOCAL REG. <b>Mar. 7 1953</b>	REGISTRAR'S SIGNATURE <b>Mrs R.E. Palmer</b>	FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Victor Buescher Jefferson City Mo</b>
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

*Victor Buescher*

Licensed Embalmer No. *3761*

P. O. Address *Jefferson 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.