

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11460**  
Registrar's No. **2383**

FILED MAR 24 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

No. 300  
10.48

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>Calhoun</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Hardin</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>8</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>			
3. NAME OF DECEASED a. (First) <b>Harry</b>		b. (Middle) <b>NMN</b>	
c. (Last) <b>Dewitt</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>3, 2 53</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>April 6, 1912</b>
9. AGE (In years last birthday) <b>40</b>		IF UNDER 1 YEAR Months	IF UNDER 100 Hrs. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Illinois</b>
12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <b>Frances DeWitt</b>		13b. MOTHER'S MAIDEN NAME <b>Mathilda Holderfield</b>	
14. NAME OF HUSBAND OR WIFE <b>Mae DeWitt</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>361-01-8846</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Chas. DeWitt</b>		ADDRESS <b>Hardin, Illinois</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congestive heart failure</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last. DUE TO (b) <b>Rheumatic Heart Disease, Aortic Stenosis</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 checked="" 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>411X</b>	
22. I hereby certify that I attended the deceased from <b>Jan. 10, 1953</b> , to <b>Mar. 2, 1953</b> , that I last saw the deceased alive on <b>Mar 2, 1953</b> , and that death occurred at <b>10:16 AM.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>F.R. Bradley</b>		23b. ADDRESS <b>M. D. BARNES HOSPITAL</b>	
23c. DATE SIGNED <b>3/2/53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>3/3/1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hardin Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Hardin, Illinois</b>
DATE REC'D BY LOCAL REG. <b>MAR 3 1953</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Calvin F. Feutz, 4828 Natural Bridge Blvd</b>	

(Licensed Embalmers' Statement on Reverse Side)

**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

*John A. Menden*

Licensed Embalmer No. *4186*

P. O. Address *St. Louis 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.