

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **20886**

FILED JUL 14 1953

BIRTH NO. REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **235**

1. PLACE OF DEATH

a. COUNTY

Callaway

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN

Fulton

c. LENGTH OF STAY (in this place)

29 days

d. FULL NAME OF HOSPITAL OR INSTITUTION

State Hospital No. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

Mo

b. COUNTY

Monroe

c. CITY OR TOWN

Lakenan

d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐

e. STREET ADDRESS

WASHINGTON TWP 1

3. NAME OF DECEASED

(Type or Print)

John

b. (Middle)

c. (Last)

DE WITT

4. DATE OF DEATH

July 2 1953

5. SEX

M

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

2-6-1875

9. AGE

78

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

Farm

11. BIRTHPLACE (City and State of Foreign Country)

Noward County Mo

12. CITIZEN OF WHAT COUNTRY?

USA

13a. FATHER'S NAME

Abenzo De Vitt

13b. MOTHER'S MAIDEN NAME

Frances Powell

14. NAME OF HUSBAND OR WIFE

OK

OK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

OK

16. SOCIAL SECURITY NO.

No

17. INFORMANT'S SIGNATURE OR NAME

Records State Hosp Fulton Mo

ADDRESS

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*

(a) **Bronchial pneumonia**

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

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

491X

20. AUTOPSY?

YES ☐ NO ☒

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 **6-6-1953**, to **7-2-1953**, that I last saw the deceased alive on **July 2, 1953** and that death occurred at **5:22** m., from the causes and on the date stated above.

23a. SIGNATURE

M J Miller M.D.

(Degree or title)

23b. ADDRESS

State Hospital Fulton Mo

23c. DATE SIGNED

7-2-53

24a. BURIAL CREMATION REMOVAL (Specify)

BURIAL

24b. DATE

7/4/53

24c. NAME OF CEMETERY OR CREMATORY

SHEL BINA

24d. LOCATION (City, town, or county)

SHEL BINA

(State)

Mo

DATE REC'D BY LOCAL REG.

July 6-1953

REGISTRAR'S SIGNATURE

Martha Lawrence

25. FUNERAL DIRECTOR'S SIGNATURE

Maupin Funeral Home Fulton Mo

ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 1 1958

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
Signature of Student Embalmer

Signed *J. D. Robson*

Licensed Embalmer No. *255*

P. O. Address *Fulton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.