

STANDARD CERTIFICATE OF DEATH

8 29076
State File No. 126

ED SEP 9 - 1953

BIRTH NO.

REG. DIST. NO. 155

PRIMARY REG. DIST. NO. 3127

Registrar's No. 126

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE Missouri b. COUNTY Newton			
b. CITY (If outside corporate limits, write RURAL and give township) Webb City				c. CITY (If outside corporate limits, write RURAL and give township) 8 miles North quarter mile east of Diamond			
c. LENGTH OF STAY (in this place) 1 hr.				d. STREET ADDRESS Rt. # 1			
d. FULL NAME OF HOSPITAL OR INSTITUTION Jane Chinn Hospital							
3. NAME OF DECEASED (Type or Print)		a. (First) BILLY		b. (Middle) EDWARD		c. (Last) DEWITT	
4. DATE OF DEATH		(Month) August		(Day) 25		(Year) 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH June 24, 1951		9. AGE (In years last birthday) 2	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Raymondville, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Paul E. DeWitt				13b. MOTHER'S MAIDEN NAME Rose Viola Lee		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Paul E. DeWitt	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute bacterial septicemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) with edema of the brain DUE TO (c) + marked congesting both lungs 2. 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"/>				21. HOW DID INJURY OCCUR?			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) None	
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 <u>Sept 10, 1953</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Sept 10, 1953</u> , and that death occurred at <u>5:40 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. William M. Brown</u>				23b. ADDRESS <u>State Nat'l Bldg. John</u>		23c. DATE SIGNED <u>8-29-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 27, 1953		24c. NAME OF CEMETERY OR CREMATORY Friendship Cemetery		24d. LOCATION (City, town, or county) (State) Raymondville, Missouri	
DATE REC'D BY LOCAL REG. 8-31-53		REGISTRAR'S SIGNATURE <u>Mrs. Madeline Stitzer</u>		25. FUNERAL DIRECTOR'S SIGNATURE Hedge Lewis		ADDRESS Webb City, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED SEP 8 1953

Jasper County Health Office

County File Number 53-9-727

Date Filed SEP 8 1953

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 Richard Gray Lewis

Licensed Embalmer No. 4405

P. O. Address Webb 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.