

STANDARD CERTIFICATE OF DEATH

State File No. 138

FILED JAN 26 1954

BIRTH NO. _____		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>5109</u>		Registrar's No. <u>44</u>	
1. PLACE OF DEATH a. COUNTY <u>Ballinger</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo.</u> b. COUNTY <u>Ballinger</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Crooked Creek</u>		c. LENGTH OF STAY (in this place) <u>10 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Crooked Creek</u>		d. STREET ADDRESS (If rural, give location) <u>Near Bessville</u> <u>0090</u>	
3. NAME OF DECEASED a. (First) <u>EDITH</u> b. (Middle) <u>—</u> c. (Last) <u>DEWITT</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>1</u> <u>18</u> <u>54</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>3-24-1890</u>	
9. AGE (In years last birthday) <u>63</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>1</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Sherman Forbes</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>BERT DEWITT</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bert Dewitt Marguard</u> ADDRESS <u>Mo.</u>			
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. - DUE TO (b) <u>Bronchitis</u> DUE TO (c) <u>Pulmonary abscess</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>14 days</u> <u>years</u> <u>years</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>521X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>521X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>None</u>			
22. I hereby certify that I attended the deceased from <u>June 1</u> , 19 <u>61</u> , to <u>January 12</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>January 10</u> , 19 <u>54</u> , and that death occurred at <u>mo.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>Everette L. Price</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Lutesville, Missouri</u>		23c. DATE SIGNED <u>1-21-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-20-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Baker Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lutesville Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan 22-54</u>		REGISTRAR'S SIGNATURE <u>Willie Mae Auburgh</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Baker Funeral Home</u>		ADDRESS <u>Lutesville, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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

A. J. Baker

Licensed Embalmer No.

3573

P. O. Address

Interden 6 M

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.