

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1276

State File No.

164

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No.	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Jackson</u>		b. CITY OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Menorah Medical Center</u>		c. LENGTH OF STAY (in this place) <u>10 days</u>		e. STREET ADDRESS (If rural, give location) <u>6628 Virginia</u>		3870	
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Mildred</u>		b. (Middle) <u>A</u>		c. (Last) <u>DeWitt</u>	
4. DATE OF DEATH		5. SEX <u>1</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH		9. AGE (In years last birthday) <u>26</u>		10. UNDER 1 YEAR Months <u>1</u> Days <u>12</u>		11. UNDER 1 HRS. Hours <u>1</u> Min. <u>54</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Office Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Medicine</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Miami Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>August Meyer</u>		13b. MOTHER'S MAIDEN NAME <u>Hollie Campbell</u>		14. NAME OF HUSBAND OR WIFE <u>Wm C DeWitt</u>			
15. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, no, unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>497-225257</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wm C DeWitt</u>		ADDRESS <u>KC Mo</u>	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute glomerulonephritis</u>				<u>4 weeks</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		DUE TO (b) <u>none</u>					
		DUE TO (c) <u>none</u>					
		II. OTHER SIGNIFICANT CONDITIONS				<u>590+</u>	
		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) m.		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>Nov 23</u> , 19 <u>53</u> , to <u>Jan 12</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Jan 11</u> , 19 <u>54</u> , and that death occurred at <u>4:25</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J S. Hoffman</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>330 Professional Bldg</u>		23c. DATE SIGNED <u>1-12-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1/12/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Memorial</u>		24d. LOCATION (City, town, or county) (State) <u>Marshall Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-12-54</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sheil Funeral Home</u>		ADDRESS <u>KC 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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 362

P. O. Address... R.C.M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.