

FILED MAY 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12892

BIRTH NO.		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 174	
1. PLACE OF DEATH a. COUNTY PETTIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PETTIS			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SEDALIA		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN SEDALIA		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION CROWN HILL CEMETERY				e. STREET ADDRESS (If rural, give location) 103 Walnut			
3. NAME OF DECEASED (Type or Print)		a. (First) Newton		b. (Middle) U.		c. (Last) Dewitt	
4. DATE OF DEATH		May 3, 1954		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec 23, 1911		9. AGE (In years last birthday) 43		10. IF UNDER 1 YEAR Months Days Hours Min.	
11. BIRTHPLACE (City and State or Foreign Country) Beaman, Mo., Route 10		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Benjamin F. Dewitt		13b. MOTHER'S MAIDEN NAME Dlia Fay Ross	
14. NAME OF HUSBAND OR WIFE Addie B. Dewitt		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Paul W. Bennett, Vandalia, Mo.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suicide by firearms 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 E976X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE Suicide (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Cemetery		21c. (CITY, TOWN, OR TOWNSHIP) Sedalia		21d. (COUNTY) Pettis	
21e. (STATE) Mo		21f. HOW DID INJURY OCCUR? Suicide by firearms		21g. TIME OF INJURY 5-3-1954 4:30 p.m.		21h. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
22. I hereby certify that I attended the deceased from 1911 to 1954, and that death occurred at 4:00 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Chas Gordon Hauffelberg M.D.				23b. ADDRESS Corner, Pettis Co		23c. DATE SIGNED 5-4-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/5/54		24c. NAME OF CEMETERY OR CREMATORY Potter Cemetery		24d. LOCATION (City, town, or county) (State) Pettis County, Mo.	
DATE RECD BY LOCAL REG. 5/5/54		REGISTRAR'S SIGNATURE R. J. Campbell M.D.		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Sedalia, Mo.	
L. County, Director (Licensed Embalmer's Statement on Reverse Side)							

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

APR 18 1955
JUL 30 1954

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

R. E. Baker

Licensed Embalmer No. *2414*

P. O. Address

Sedalia

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.