

FILED AUG 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

22023

2061

4

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

BIRTH NO. _____		REG. DIST. NO. 15		PRIMARY REG. DIST. NO. 3004		Registrar's No. 57	
1. PLACE OF DEATH a. COUNTY Barton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barton			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lamar		c. LENGTH OF STAY (in this place) 1 yr		c. CITY OR TOWN IANTHA		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Anderson Nursing Home				f. STREET ADDRESS (If rural, give location) 0060			
3. NAME OF DECEASED (Type or Print) a. (First) MARY		b. (Middle) CATHERINE		c. (Last) DeWITT		4. DATE OF DEATH (Month) (Day) (Year) August 4 1954	
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH (last birthday) Nov 17 1870	
9. AGE (in years) 83		10. MONTHS 8		11. DAYS 17		12. IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and State or Foreign Country) Marion, Illinois	
13a. FATHER'S NAME Thomas Clarida				13b. MOTHER'S MAIDEN NAME Katherine Graves		14. NAME OF HUSBAND OR WIFE George W. DeWitt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. XXX		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Luther Clarida, Bartlesville, Okla.			
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Concussion & severe</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>old age</u> DUE TO (c) _____ II. 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 type="checkbox"/> NO <input checked="" 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 <u>LAMAR Barton Mo</u>			
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>Aug 11</u> , 1954, to <u>Aug 11</u> , 1954, that I last saw the deceased alive on <u>Aug 1</u> , 1954, and that death occurred at <u>4:00 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>D.R. Gullett</u> (Degree or title)				23b. ADDRESS <u>LAMAR</u>			
23c. DATE SIGNED <u>8-2-54</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>			
24b. DATE <u>Aug 5 1954</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Barton City</u>			
24d. LOCATION (City, town, or county) (State) <u>Barton County, Mo.</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Konantz Funeral Home, Lamar, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>AUG 5 - 1954</u>				REGISTRAR'S SIGNATURE <u>Marie Konantz</u>			

(Licensed Embalmer's Statement on Reverse Side)

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.....

Norman L. Thompson

Licensed Embalmer No. *4816*

P. O. Address *Lamar, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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