

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17

No. 300  
10.48

FILED JAN 4 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 67 PRIMARY REG. DIST. NO. 5260 Registrar's No. \_\_\_\_\_

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>CHRISTIAN</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before additional.)<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>CHRISTIAN</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>"RURAL" So. LYNN</u> |  | c. CITY OR TOWN <u>CHADWICK</u>  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (In this place)   |  | e. STREET ADDRESS (If rural, give location) <u>0220</u><br><u>RE. D., So. LYNN TWP.</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>IN AUTO NEAR HOME AFTER SEEING DOCTOR</u>                    |  |  |  |

|  |  |  |   |   |                        |                      |                      |                     |
|--|--|--|---|---|------------------------|----------------------|----------------------|---------------------|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>MINTIE</u><br>b. (Middle) <u>MAE</u><br>c. (Last) <u>DEWITT</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>DEC. 16-1954</u> |  |   |   |                        |                      |                      |                     |
| 5. SEX <u>FEMALE</u>   | 6. COLOR OR RACE <u>WHITE</u>                                | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>WIDOWED</u>       | 8. DATE OF BIRTH <u>MARCH 19-1883</u>           | 9. AGE (In years last birthday) <u>71</u> | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 HR. Hours | IF UNDER 1 HR. Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>HOUSEWIFE</u>      | 10b. KIND OF BUSINESS OR INDUSTRY<br>—                       | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>SPOKANE, MISSOURI</u> | 12. CITIZEN OF WHAT COUNTRY?<br><u>U. S. A.</u> |   |                        |                      |                      |                     |

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|--|--|--|
| 13a. FATHER'S NAME<br><u>WILLIAM HILTON</u>  | 13b. MOTHER'S MAIDEN NAME<br><u>POLLY BILYEU</u> | 14. NAME OF HUSBAND OR WIFE<br><u>SACK DEWITT</u>                                      |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)<br><u>NO</u> | 16. SOCIAL SECURITY NO.<br><u>NONE</u>           | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>MRS. CLAUDIE GIDEON, CHADWICK, MO.</u> |

|  |   |  |                                  |
|--|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Infarction</u>   |  | INTERVAL BETWEEN ONSET AND DEATH |
|  | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Coronary Thrombosis</u><br>DUE TO (c) <u>Arteriosclerosis</u> |  |                                  |
|  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |                                  |

|  |  |   |
|--|--|---|
| 19a. DATE OF OPERATION                                 | 19b. MAJOR FINDINGS OF OPERATION<br><u>4.201</u>   | 20. AUTOPSY?<br>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)                                     |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 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 Jan. 1954, to Dec. 16, 1954, that I last saw the deceased alive on Dec. 16, 1954, and that death occurred at 2:15 P. M., from the causes and on the date stated above.

|   |                                     |   |   |
|---|-------------------------------------|---|---|
| 23a. SIGNATURE (Degree or title)<br><u>W. Warren Wilson, M.D.</u> | 23b. ADDRESS<br><u>Spokane, Mo.</u> | 23c. DATE SIGNED<br><u>Dec. 20-54</u>                         |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u>        | 24b. DATE<br><u>DEC. 20-1954</u>    | 24c. NAME OF CEMETERY OR CREMATORY<br><u>SPOKANE CEMETERY</u> | 24d. LOCATION (City, town, or county) (State)<br><u>SPOKANE, MISSOURI</u> |

|   |  |     |  |
|---|--|-----|--|
| DATE REC'D BY LOCAL REG.<br><u>Dec. 31/54</u> | REGISTRAR'S SIGNATURE<br><u>Nessie Day</u> | 507 | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>John H. Harris, CLEVER, MO.</u> |
|---|--|-----|--|

Licensed Embalmer's Statement on Reverse Side)

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

JAN 12 1955

**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.....  
*John Dean Harris*

Licensed Embalmer No. 4390

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

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