

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34290**

FILED OCT 31 1955

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 5928		Registrar's No. 275	
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 town) Rural-Heath Creek		c. LENGTH OF STAY (in this place) Life		c. CITY OR TOWN Rural		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒	
d. FULL NAME OF HOSPITAL OR INSTITUTION 16mi. N.E. Sedalia, Mo.				STREET ADDRESS (If rural, give location) 16mi. N.E. Sedalia, Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) REBECCA		b. (Middle) JULIA		c. (Last) DeWITT		4. DATE OF DEATH (Month) (Day) (Year) October 27, 1955	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan, 25, 1872	
9. AGE (in years) 83		IF UNDER 1 YEAR Months _____ Days _____		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) Pettis County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Wilson		13b. MOTHER'S MARDEN NAME Eliza (Unknown)		14. NAME OF HUSBAND OR WIFE Calvin I. DeWitt (dec.)			
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 ADDRESS Jess I. DeWitt, Rt. 5, Sedalia, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arteriosclerotic C-V disease DUE TO (b) 443X 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 22 hrs	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES ☐ NO ☒	
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) _____		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from Nov 1951 , to Oct 1955 , that I last saw the deceased alive on Oct 26, 1955 , and that death occurred at 9:00 P.M. from the causes and on the date stated above.							
23a. SIGNATURE (Type or Print) P. Siegel MD				23b. ADDRESS Smithton Mo		23c. DATE SIGNED 10/29/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/29/1955		24c. NAME OF CEMETERY OR CREMATORY Lamine Cemetery		24d. LOCATION (City, town, or county) (State) Pettis Co., Mo.	
DATE REC'D BY LOCAL REG. 10-29-55		REGISTRAR'S SIGNATURE Levinia Cooney, Regt.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. H. Deekart, Sedalia, Mo.			

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
GILESPIE FUNERAL HOME

0.300
0.48

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 Russell C. Maag

Licensed Embalmer No. 42

P. O. Address Sedalia

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.