

FILED JAN 31 1956 STANDARD CERTIFICATE OF DEATH

THE DIVISION OF HEALTH OF MISSOURI

1843

State File No.

BIRTH NO.		REG. DIST. NO. <u>383</u>		PRIMARY REG. DIST. NO. <u>5655</u>		Registrar's No. <u>3</u>	
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Lawrence</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt. Vernon,</u>				c. LENGTH OF STAY (In this place) <u>199 days</u>		c. CITY OR TOWN <u>Marionville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. State Sanatorium</u>				e. STREET ADDRESS (If rural, give location) <u>1550</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Berniece</u>		b. (Middle) <u>DeWitt</u>		c. (Last) <u>DeWitt</u>	
4. DATE OF DEATH		(Month) <u>Jan.</u> (Day) <u>17,</u> (Year) <u>1956</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 28, 1894</u>		9. AGE (In years last birthday) <u>61</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Marionville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Robert C. Jarrett</u>		13b. MOTHER'S MAIDEN NAME <u>Millie Grishan</u>		14. NAME OF HUSBAND OR WIFE <u>Frank DeWitt</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>San. records, Mo. State San., Mt. Vernon, Mo.</u> ADDRESS			
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) <u>Bronchogenic carcinoma, left lung (primary of kidney--right--removed by surgery) with metastasis to brain</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>surgery</u> DUE TO (c) <u>with metastasis to brain</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>15 mo.</u>	
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) (Min.)	
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 <u>July 2</u> , 19 <u>55</u> , to <u>Jan. 17</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Jan. 17</u> , 19 <u>56</u> , and that death occurred at <u>2:40 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>C. A. Brasler M.D.</u> (Degree or title)		23b. ADDRESS <u>Mt. Vernon, Mo.</u>		23c. DATE SIGNED <u>1-17-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-17-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellows Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Marionville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-17-56</u>		REGISTRAR'S SIGNATURE <u>Cecil Anderson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. B. Surridge</u> ADDRESS <u>Marionville, 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 *Erwin R. Arnold*.....

Licensed Embalmer No. *4929*

P. O. Address *Aurora, 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.