

FILED APR 23 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH13011  
State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>5454</u>		Registrar's No. <u>338-A</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Christian</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"Rural" Pond Creek</u>				c. LENGTH OF STAY (in this place) <u>1 month</u>		c. CITY OR TOWN <u>Billings</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route #1, Republic</u>				d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>JOSEPH</u> c. (Last); <u>DeWITT</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>April 8, 1956</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>Dec. 20, 1905</u>	
9. AGE (In years last birthday) <u>50</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Billings, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Charles A. DeWitt</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca M. McGuire</u>		14. NAME OF HUSBAND OR WIFE <u>Marcella Wasson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-32-9608</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bill DeWitt, Mt. Vernon, Missouri</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>  ANTECEDENT CAUSES DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>hypertension</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>rheumatoid arthritis</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>	
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. HOW DID INJURY OCCUR?	
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"/>		22. I hereby certify that I attended the deceased from <u>1957</u> , to <u>4/8</u> , 19 <u>56</u> that I last saw the deceased alive on <u>3/1</u> , 19 <u>56</u> and that death occurred at <u>1:30am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E. J. Harris</u>		23b. ADDRESS <u>Mo. Vernon, Mo.</u>		23c. DATE SIGNED <u>4/11/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/10/1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Billings, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>4-19-56</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. E. Harris</u>		ADDRESS <u>Clever, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....*Julian Harris*

Licensed Embalmer No. *4390*

P. O. Address *Clever, 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.