

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 26 1956

29687

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 285

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| 1. PLACE OF DEATH a. COUNTY Adair | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Adair | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville | | c. CITY OR TOWN Kirksville | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home | | d. STREET ADDRESS (If outside, give location) 709-S-Haliburton | |
| Length of stay in 1b years | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |

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|---|----------------------------------|---|--|
| 3. NAME OF DECEASED (Type or print) JAMES First MERYL Middle DEWITT Last | | 4. DATE OF DEATH Month Sept. Day 16 Year 1956 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Jan. 20, 1895 |
| 9. AGE (In years last birthday) 61 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chief Eng. Int. Shoe Co. | |
| 11. BIRTHPLACE (City and state or country) Humphreys, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME John C. DeWitt | | 14. MOTHER'S MAIDEN NAME Anna Heflion | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. 490-10-6645 | |
| 17. INFORMANT Mrs. J.M. DeWitt, Address 709-S-Haliburton, Kirksville, Mo. | | | |

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| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary failure DUE TO (b) Lympho-adenocarcinomatosis DUE TO (c) Metastasis from pelvis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Sciatic neuritis, & small rectal abscess prior to known onset | | INTERVAL BETWEEN ONSET AND DEATH 9-16-56 9-30-56 5-14-56 | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Hour a. m. Month, Day, Year | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from April 30, 1956 to Sept. 16, 1956 and last saw her alive on Sept. 16, 1956 Death occurred at 4:27 P. m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) William C. Kelly, D.O. | | 22b. ADDRESS Kirksville, Missouri | |
| 22c. DATE SIGNED 9-18-56 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 9-18-1956 | |
| 23c. NAME OF CEMETERY OR CREMATORY Maple Hills Cemetery | | 23d. LOCATION (City, town, or county) (State) Kirksville, Missouri | |
| 24. FUNERAL DIRECTOR Davis & Davis | | 25. DATE RECD. BY LOCAL REG. 9-21-56 | |
| ADDRESS Kirksville, Mo. | | 26. REGISTRAR'S SIGNATURE Kate Samblert | |

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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1-56

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SEP 27 1950

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 Robert B. Davis

Licensed Embalmer No. 421

P. O. Address Kirksville,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (B 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.