

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **5751**

FILED MAR 11 1957

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 5922		Registrar's No. 778	
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 OR TOWN Sedalia Rural		c. LENGTH OF STAY (In this place) lifetime		c. CITY OR TOWN Sedalia		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 5 (Beaman twsp)				e. STREET ADDRESS (If rural, give location) Route 5			
3. NAME OF DECEASED (Type or Print) OLLIE		a. (First) HARRISON		b. (Middle) DEWITT		c. (Last)	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH Aug. 19, 1898	
9. AGE (In years last birthday) 57		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Gen Agriculture		11. BIRTHPLACE (City and State or Foreign Country) Pettis County, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Joseph A. Dewitt		13b. MOTHER'S MAIDEN NAME Margaret Wilson		14. NAME OF HUSBAND OR WIFE Alpha Maude Shaw Dewitt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) Yes		16. SOCIAL SECURITY NO. World War I 371-22-2159		17. INFORMANT'S SIGNATURE OR NAME Roy DeWitt, Route 4, Liberty, 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, asphyxia, 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 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331x				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) (m.)		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>as Coroner</u>, 10, that I last saw the deceased alive on <u>10</u>, and that death occurred at <u>Route 5, from the causes and on the date stated above.</u>							
23a. SIGNATURE (Degree or title) Chas. Gordon Stauffer, M.D.				23b. ADDRESS Coroner, Pettis Co.		23c. DATE SIGNED 3-4-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/4/57		24c. NAME OF CEMETERY OR CREMATORY Salem Cemetery		24d. LOCATION (City, town, or county) (State) Rural Pettis County, Mo.	
DATE REC'D BY LOCAL REG. 3-4-57		REGISTRAR'S SIGNATURE Frances Shelby		25. FUNERAL DIRECTOR'S SIGNATURE Frances Shelby ADDRESS Sedalia, Mo.			

(Licensed Embalmers' Statement on Reverse Side)

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

APR 12 1957

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 *R. E. Baker*

Licensed Embalmer No. *2419*

P. O. Address *Sedalia*

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.