

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 13 1957

STATE NUMBER 25712

Registration District No. 282 Primary Registration District No. 5971 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY Polk		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Polk	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural- Marion		c. CITY OR TOWN Bolivar	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Died in the Home		d. STREET ADDRESS Rural* Marion	
3. NAME OF DECEASED (Type or print) First Jerlie Middle DeWitt Last DeWitt		4. DATE OF DEATH Aug. 1, 1957	
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 Feb. 12, 1896
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brick layer		11. BIRTHPLACE (City and state or country) Oklahoma	
13. FATHER'S NAME William DeWitt		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 451-32-3924	
17. INFORMANT Zula Mae DeWitt		Address Bolivar, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			420.1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			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 _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____			
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 _____ to _____ and last saw him alive on _____ Death occurred at 4:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Doctor or title) Sidney J. Pitts (Chap. Co.)		22b. ADDRESS Bolivar, Mo.	
		22c. DATE SIGNED Aug. 2-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	
23c. DATE Aug. 4, 57		23d. LOCATION (City, town, or county) Bolivar Mo.	
24. FUNERAL DIRECTOR Pitts Funeral Home - Bolivar, Mo.		25. DATE RECD. BY LOCAL REG. Aug 16, 1957	
		26. REGISTRAR'S SIGNATURE Ralph Gordonper Jewell Bond	

health, Welfare public service
 300 1-56
 All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

AUG 13 1951

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 *Sidney J. Pitts*.....

Licensed Embalmer No. *44*

P.O. Address *Bolton*

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