

FILED AUG 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 0 27 4 42
STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Butler TOWN		c. CITY OR TOWN Butler Mo.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Butler Memorial		d. STREET ADDRESS (If outside, give location) 415 S Mechanic	
3. NAME OF DECEASED (Type or print) First George Middle F. Last DeWitt		4. DATE OF DEATH Month Aug Day 10 Year 1957	
5. SEX male	6. COLOR OR RACE white	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH Sept 28 1874
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		11. BIRTHPLACE (City and state or country) Cooper Co Missouri	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Wm H DeWitt		13b. MOTHER'S MAIDEN NAME Mary Etta Moore	
14. NAME OF HUSBAND OR WIFE Edgar Dewitt (deceased)		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT Address Mrs C L Pratt-Appleton City 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) Broncho pneumonia			INTERVAL BETWEEN ONSET AND DEATH 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease			UNKNOWN
DUE TO (c) GENERALIZED ARTERIOSCLEROSIS			UNKNOWN
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) - H200			19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		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 ☐ NOT WHILE AT WORK ☐		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 Nov. 1948 to Aug 1957 and last saw him alive on Aug. 9, 1957 Death occurred at 1:30 AM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John M. Cooper M.D.		22b. ADDRESS Butler Missouri	
22c. DATE SIGNED 8/10/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/11/57	23c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery
23d. LOCATION (City, town, or county) Butler Missouri		(State)	
24. FUNERAL DIRECTOR Culver Underwood-Butler Mo.		25. DATE RECD. BY LOCAL REG. Aug. 11-1957	
26. REGISTRAR'S SIGNATURE Rendall Kury			

(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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

SA 3337

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

John G. Henderson

Licensed Embalmer No. 3585

P. O. Address Butler Missouri

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.