

FILED DEC 2 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

43133

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 2222

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall		c. CITY OR TOWN Nelson Route No. 227	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fitzgibbon hospital, I day		d. STREET ADDRESS (If outside, give location) 5 miles S. Nelson	
3. NAME OF DECEASED (Type or print) First Middle Last Leslie James DeWitt		4. DATE OF DEATH Month Day Year Nov. 26th 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 July 17, 1892
9. AGE (In years last birthday) 65		10. FUNDING YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own farm	
11. BIRTHPLACE (City and state or country) Beamon, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Larkin P. DeWitt		13b. MOTHER'S MAIDEN NAME James Anna Lee	
14. NAME OF HUSBAND OR WIFE Maude Anna DeWitt		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Address James Raymond DeWitt, Nelson, 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) cerebral vascular accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) hypertensive and arteriosclerotic cardiovascular disease DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 443x		INTERVAL BETWEEN ONSET AND DEATH 8 hrs.	
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. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT <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 5 Nov 56 , to 25 Nov 57 and last saw him alive on 11-25-57 Death occurred at 3:00 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Ralph H. Jones M.D.		22b. ADDRESS Marshall, Mo.	
22c. DATE SIGNED 11-26-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11-29-1957	
23c. NAME OF CEMETERY OR CREMATORY Peninsula cemetery		23d. LOCATION (City, town, or country) (State) Cooper County, Missouri	
24. FUNERAL DIRECTOR ADDRESS Campbell-Lewis, Marshall Mo.		25. DATE RECD. BY LOCAL REG. 11-26-57	
26. REGISTRAR'S SIGNATURE Carl H. Reed			

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. W. Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall, W.

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.