

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031613
STATE FILE NUMBER

FILED SEP 26 1958

Registration District No. 2 Primary Registration District No. 5015 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <u>ANDREW</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>ANDREW</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nodaway</u>			Inside Limits Yes ☒ No ☐	c. CITY OR TOWN <u>Nodaway</u>			Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in 1b <u>10 YRS</u>		d. STREET ADDRESS (If outside, give location)			Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) First Middle Last <u>John Fletcher DeWitt</u>				4. DATE OF DEATH Month Day Year <u>Sept 13, 1958</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐		8. DATE OF BIRTH <u>MAY 26, 1900</u>		
9. AGE (In years last birthday) <u>58</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CAR DEALER</u>		11. BIRTHPLACE (City and state or country) <u>GREEN County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Thomas DeWitt</u>			13b. MOTHER'S MAIDEN NAME <u>Mattie L. Pryer</u>			14. NAME OF HUSBAND OR WIFE <u>Gertrude DeWitt</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>512-16-9653</u>		17. INFORMANT Address <u>MRS. GERTRUDE DeWitt, Nodaway Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Myocardial Infarction?</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arteriosclerotic Heart</u> DUE TO (c) <u>Dissecting Aortic Aneurysm</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4200</u>								
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 a.m. p.m. Month, Day, Year								
20d. INJURY OCCURRED WHILE AT WORK ☐ 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 <u>8-3-55</u> to <u>9-14-58</u> and last saw him alive on <u>11-25-57</u> Death occurred at <u>night 9-14-58</u> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>Walter C. Baker M.D.</u>				22b. ADDRESS <u>Savannah, Mo.</u>		22c. DATE SIGNED <u>9-15-58</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>Sept 16, 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u>		23d. LOCATION (City, town, or county) (State) <u>LAWRENCE, KANSAS</u>		
24. FUNERAL DIRECTOR ADDRESS <u>BREIT FUNERAL HOME, SAVANNAH</u>			25. DATE RECD. BY LOCAL REG. <u>9-22-58</u>		26. REGISTRAR'S SIGNATURE <u>Lillian Sparks</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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 James B. Hawkins

Licensed Embalmer No. 4536

P. O. Address Severn

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.