

FEDERAL BUREAU OF INVESTIGATION U.S. DEPARTMENT OF JUSTICE

UNITED STATES DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 3 6 5 7

FILED VS. DEC. 22 1959 70

STATE FILE NUMBER

RECEIVED

1. PLACE OF DEATH a. COUNTY <u>Clark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Clark</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kahoka</u>		c. CITY OR TOWN <u>Kahoka</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>356 W. Commercial</u>		d. STREET ADDRESS (If outside, give location) <u>356 W. Commercial</u>	
3. NAME OF DECEASED (Type or print) First <u>Carrie</u> Middle <u>Mae</u> Last <u>DeWitt</u>		4. DATE OF DEATH Month <u>Dec.</u> Day <u>13</u> Year <u>1959</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>White</u>	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH <u>Feb. 25-1875</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>		9b. AGE (last birthday) <u>84</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Missouri</u>	
11. BIRTHPLACE (City and state or country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Charles Beard</u>		13b. MOTHER'S MAIDEN NAME <u>Charlotte M. Coy</u>	
14. NAME OF HUSBAND OR WIFE <u>Ben F. DeWitt</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, name and known) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>Adrian DeWitt - Kahoka Mo.</u>		17. INFORMANT <u>Adrian DeWitt - Kahoka 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>Coronary Thrombosis</u> DUE TO (b) <u>Arterio Sclerotic Heart Disease</u> DUE TO (c) <u>Hypertension</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (b) PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown		INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u>	
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 <u>4</u> a.m. <u>p.m.</u> Month, Day, Year <u>12-1-59</u>	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		20g. COUNTY
20h. STATE		20i. ADDRESS	
21. I attended the deceased from <u>12-1-59</u> to <u>12-13-59</u> and last saw her <u>live</u> on <u>12-13-59</u> Death occurred at <u>4</u> <u>p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>St. Chaiming D.O.</u>	
22b. ADDRESS <u>Kahoka Mo.</u>		22c. DATE SIGNED <u>12-15-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec. 15-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Kahoka Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Kahoka</u>		23e. STATE <u>Mo.</u>	
24. FUNERAL DIRECTOR <u>Chas. Sullivan - Kahoka</u>		25. DATE RECD. BY LOCAL REG. <u>12/19-59</u>	
26. REGISTAR'S SIGNATURE <u>[Signature]</u>		27. ADDRESS <u>[Address]</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Chas L. Sutting

Licensed Embalmer No. 2965

P. O. Address May

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.