

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 29 1960

162

Primary Registration District No. ~~162~~ 5594Registrar's No. ~~162~~ 5594

STATE FILE NUMBER

20 =60-006922

INDEXED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jefferson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jefferson							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Murphy		Length of stay in 1b		c. CITY OR TOWN Murphy		Inside Limits Yes ☒ No ☐					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ridge Lane			Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) Ridge Lane		Reside on Farm Yes ☐ No ☒				
3. NAME OF DECEASED (Type or print) First Robert Middle J Last DeWitt				4. DATE OF DEATH Month Feb. 16 Day 1960 Year							
5. SEX Male		6. COLOR OR RACE White		7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐		8. DATE OF BIRTH 12/5/1912		9. AGE (last birthday) 47			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Part Owner		10b. KIND OF BUSINESS OR INDUSTRY Pioneer Motor Co		11. BIRTHPLACE (City and state or country) Noble Okla.		12. CITIZEN OF WHAT COUNTRY USA		IF UNDER 1 YEAR Months Days Hours Min.			
13a. FATHER'S NAME Charles DeWitt			13b. MOTHER'S MAIDEN NAME Grace Riordan			14. NAME OF HUSBAND OR WIFE Enola Dixon DeWitt			Address		
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.			17. INFORMANT Mr. J. B. DeWitt Rt 2 Fenton Mo.			Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Thrombosis of Coronary Artery DUE TO (c) Arteriosclerosis								INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease/condition given in PART I (a) Hypertensive Cardiovascular Disease								PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown			
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 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 Oct 19, 1959 to Feb 14, 1960 and last saw her alive on Feb. 8, 1960. Death occurred at during night A m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) Robert E. Bauer MD				22b. ADDRESS 16 Hampton Village Plaza				22c. DATE SIGNED 2/16/60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 2/18/60		23c. NAME OF CEMETERY OR CREMATORY SunSet Burial Park		23d. LOCATION (City, town, or county) St. Louis Cty Mo.		(State)			
24. FUNERAL DIRECTOR E. J. Schnur 3125 Lafayette				25. DATE RECD. BY LOCAL REG. 2-18-60		26. REGISTRAR'S SIGNATURE Robert E. Bauer					

(Licensed Embalmer's Statement on Reverse Side)

FEB 29

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Thomas R. Jensen

Licensed Embalmer No. 3793

P. O. Address 3125 Lafayette

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