

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-019114

FILED VS JUN 13 1960

Registration District No. 128 Primary Registration District No. 2 Registrar's No. 642

STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Greene					
b. CITY (If outside, give town or city) OR TOWN Springfield		Length of stay in lb 5 mos.		c. CITY OR TOWN Springfield		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3120 Kissimee Court			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3120 Kissimee Court			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last CHRISTOPHER PATRICK DeWITT				4. DATE OF DEATH Month Day Year June 6, 1960					
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1/3/1960		9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months 5 Days 27 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and state or country) Lebanon, Missouri		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Bert W. De Witt				13b. MOTHER'S MAIDEN NAME Beverly Moyer				14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. -----		17. INFORMANT Springfield, Missouri. Bert W. De Witt, 3120 Kissimee Ct			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Suffocation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ----- DUE TO (c) ----- PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown								INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) He was sleeping in his crib and on a					
20c. TIME OF DEATH Hour aprox 1:00 A.M. Month, Day, Year 6/6/1960		light weight plastic sheet. The sheet was kicked up and over the face by the baby.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home		20f. CITY, TOWN, OR LOCATION Springfield,		COUNTY Greene,		STATE Missouri	
21. I attended the deceased from aprox 1:00 A.M. to ----- and last saw her alive on ----- Death occurred at ----- on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Ralph H. Thieme (Degree or title) Greene County Coroner				22b. ADDRESS Springfield, Missouri				22c. DATE SIGNED 6/10/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/7/1960		23c. NAME OF CEMETERY OR CREMATORY East Lawn Cemetery		23d. LOCATION (City, town, or county) (State) Springfield, Missouri			
24. FUNERAL DIRECTOR 1200 Moonville Avenue. Ralph Thieme, Springfield, Missouri				25. DATE RECD. BY LOCAL REG. 6-16-60		26. REGISTRAR'S SIGNATURE Effie S. Meeter			

(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 _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Ralph H. Ilcine

Licensed Embalmer No. 3651

P. O. Address *Springfield*

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.