

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 1 1961

78

-61-005822

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

12

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Lewis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Lewis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Reddish		c. CITY OR TOWN Canton	
Length of stay in lb 16 mos.		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Prairie View Rest Home		d. STREET ADDRESS (If outside, give location) 708 White	
Inside Limits Yes ☐ No ☒		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First James Middle Thomas Last DeWitt		4. DATE OF DEATH Month Febr. Day 19 Year 1961	
5. SEX Male	6. COLOR OR RACE White	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 5-1-1881
9. AGE (last birthday) 79		IF UNDER 1 YEAR Months 79 Days 79	
IF UNDER 24 HR Hours 79 Min. 79			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Retired	
11. BIRTHPLACE (City and state or country) Lewis County, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME James Edward DeWitt		13b. MOTHER'S MAIDEN NAME Mary Knapp	
14. NAME OF HUSBAND OR WIFE Jessie Tuley			
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. None	
17. INFORMANT Raymond Johnson, Palmyra, 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) Cerebro Vascular Accident		INTERVAL BETWEEN ONSET AND DEATH 2 days	
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) Large Caruncle on Neck (Post. Surface).		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 2 a.m. 0 p.m. Month, Day, Year July 1960		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 Canton, Lewis County, Mo.	
21. I attended the deceased from July 1960 to 19 Feb 61 and last saw him alive on 18 Feb 61 Death occurred at 2.00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John W. Wicks (Degree or title) D.O.		22b. ADDRESS Lewis County Mo	
22c. DATE SIGNED 20 Feb 61			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-21-1961	23c. NAME OF CEMETERY OR CREMATORY Forest Grove	
23d. LOCATION (City, town, or county) Canton, Lewis County, Mo.		(State)	
24. FUNERAL DIRECTOR Paul H. Barkley, Canton, Mo.		25. DATE RECD. BY LOCAL REG. 2-25-61	
ADDRESS		26. REGISTRAR'S SIGNATURE Mrs. Henry Lloyd	

(Licensed Embalmer's Statement on Reverse Side)

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

Carl A. Buckley

Licensed Embalmer No. 2615

P. O. Address Canton, Mo.

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.