

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-020940

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 595

FILED JUN 26 1961

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		Length of stay in 1b <u>15 min</u>		c. CITY OR TOWN <u>Crane</u>		Inside Limits Yes ☐ No ☒		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Baptist Hospital</u>			Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) <u>R#2</u>		Reside on Farm Yes ☐ No ☐	
3. NAME OF DECEASED (Type or print) First <u>Ruth</u> Middle <u>B</u> Last <u>DeWitt</u>				4. DATE OF DEATH Month <u>June</u> Day <u>16</u> Year <u>1961</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>11/24/24</u>	9. AGE (last birthday) <u>36</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 24 HR Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>			10b. KIND OF BUSINESS OR INDUSTRY		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>G.F. Gipson</u>			13b. MOTHER'S MAIDEN NAME <u>Flossie Hilton</u>			14. NAME OF HUSBAND OR WIFE <u>Stanley 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>7</u>		17. INFORMANT Address <u>Stanley DeWitt, Crane, Missouri</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>Acute Cerebral artery hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) <u> </u> DUE TO (c) <u> </u> 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. ☐ Yes ☐ No ☐ Unknown							INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs.</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> </u> a.m. <u> </u> p.m. <u> </u>		Month, Day, Year <u>16 June 1961</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.) <u>16 June 1961</u>		20f. CITY, TOWN, OR LOCATION <u>16 June 1961</u>		COUNTY <u>Stone</u>		STATE <u>Missouri</u>		
21. I attended the deceased from <u>5:10 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at <u>16 June 1961</u> and last saw her alive on <u>16 June 1961</u>								
22a. SIGNATURE <u>Francie M. Maple M.D.</u>				22b. ADDRESS <u>Springfield Mo</u>		22c. DATE SIGNED <u>19 June 1961</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>6/16/61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Masonic</u>		23d. LOCATION (City, town, or county) (State) <u>Crane, Missouri</u>		
24. FUNERAL DIRECTOR <u>Manlove Funeral Home, Crane, Mo</u>				25. DATE RECD. BY LOCAL REG. <u>6-19-61</u>		26. REGISTRAR'S SIGNATURE <u>Effie E. Meltzer</u>		

(Licensed Embalmer's Statement on Reverse Side)

APR 11 1962

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

Rice M. Abbott

Licensed Embalmer No.

5115

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.