

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-037382

Registration District No. 156Primary Registration District No. 2001Registrar's No. 506

STATE FILE NUMBER

FILED OCT 31 1961

1. PLACE OF DEATH

a. COUNTY

Jasper

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN JoplinLength of stay in 1b
35 yrsc. CITY
OR TOWN JoplinInside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 1609 IndianaInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
1609 IndianaReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First CHARLES

Middle ISAIAH

Last DeWITT

4. DATE
OF DEATHMonth Day Year
October 26, 1961

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7-10-1886

9. AGE (last birthday)

75

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Produce Dealer

10b. KIND OF BUSINESS OR INDUSTRY

City Market

11. BIRTHPLACE (City and state or country)

Powell, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Larkin W. DeWitt

13b. MOTHER'S MAIDEN NAME

Anna Crawford

14. NAME OF HUSBAND OR WIFE

Ethel DeWitt

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.

unk

17. INFORMANT

Address

Ethel DeWitt, 1609 Indiana, Joplin, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Sudden Coronary Occlusion

INTERVAL BETWEEN
ONSET AND DEATH

20 MIN

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Atherosclerosis

5 years

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.☐ Yes☐ N.☐ Unknown19. 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
INJURYHour
a.m.
p.m.

Month, Day, Year

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 Feb 3, 1961 to Oct 26, 1961 and last saw him alive on Sept 28, 1961
Death occurred at 1:10 A M on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

R. A. Mahoney, D.O.

22b. ADDRESS

Joplin, Mo

22c. DATE SIGNED

10/26/61

23a. BURIAL, CREMATION,
REMOVAL (Specify)
Burial

23b. DATE

10-30-61

23c. NAME OF CEMETERY OR CREMATORY

Union

23d. LOCATION (City, town, or county)

Stella

Missouri

24. FUNERAL DIRECTOR

ADDRESS

STEVE PARKER MORTUARY, JOPLIN, MISSOURI

25. DATE REC'D. BY LOCAL REG.

10-27-1961

26. REGISTRAR'S SIGNATURE

Dove Merriam

(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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.