

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035554

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

281

Primary Registration District No.

2048

Registrar's No.

235

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

USE BLACK INK
OR
TYPEWRITER RIBBON

10745
2745
3
4 1
5 1
6
7 1
8 0
9581.0
10
11
122-0
13 1-0

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED OCT 8 1962

1. PLACE OF DEATH

a. COUNTY

NODAWAY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

MARYVILLE

Length of stay in
16 daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

St Francis Hosp

Inside Limits
Yes ☒ No ☐

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

a. STATE

MO

b. COUNTY

NODAWAY

c. CITY
OR TOWN

MARYVILLE

Outside Limits
Yes ☒ No ☐d. STREET
ADDRESS

403 E 6th

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
Josephine O. DeWitt4. DATE
OF DEATHMonth Day Year
9-17-62

5. SEX

FEMALE

6. COLOR OF RACE

COLO

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

12-7-1885

76

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)

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Milton M's Cleave

13b. MOTHER'S MAIDEN NAME

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 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)

DUE TO (b)

DUE TO (c)

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

Biliary Obstruction

INTERVAL BETWEEN ONSET AND DEATH

1 yr

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 ☐ 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 INJURY
Hour 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 March 62 to Sept 62 and last saw her alive on Sept 17, 1962
Death occurred at 12:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

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

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

BURIAL 9-19-62 Hopkins Cem - Hopkins, Mo.
Atchison - Maryville, Mo - 9-29-62 Bess Bolt

(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

B. M. O'Hara

Licensed Embalmer No. 2279

P. O. Address

Mayville 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.