

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002494

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 18

FILED JAN 28 1963

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY MARION		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY SEDGWICK	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HANNIBAL		Length of stay in 1b 1 Hour	c. CITY OR TOWN WICHITA inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. ELIZABETH HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 646 Beverly Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last VIRGINIA DORTHY De WITT			4. DATE OF DEATH Month Day Year JANUARY 17, 1963
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH NOVEMBER 20, 1933
9. AGE (last birthday) 29		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	11. BIRTHPLACE (City and state or country) HOMER ALASKA
12. CITIZEN OF WHAT COUNTRY USA.		13a. FATHER'S NAME STAR NIELSEN	13b. MOTHER'S MAIDEN NAME DORTHY FAY
14. NAME OF HUSBAND OR WIFE WAYNE R. De Witt		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.
17. INFORMANT <i>Mrs R. G. De Witt</i> Address <i>950 N. Holly Ave Wichita, Kansas</i>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crush Injury to chest DUE TO (b) Auto Accident DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
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	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) Lost control of vehicle	
20c. TIME OF INJURY Hour 3:30 p.m. Month, Day, Year JAN 17 1963		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HIGHWAY # 36		20f. CITY, TOWN, OR LOCATION COUNTY STATE 11 MILE, WEST HANNIBAL MARION MO.	
21. I attended the deceased from _____, to _____, and last saw her alive on _____. Death occurred at 5:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Randolph M.D.</i>		22b. ADDRESS Hannibal, Missouri	22c. DATE SIGNED Jan 21/63 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE JANUARY 21, 1963	23c. NAME OF CEMETERY OR CREMATORY Wichita Cemetery	23d. LOCATION (City, town, or county) WICHITA KANSAS
24. FUNERAL DIRECTOR Wilson's		25. DATE RECD. BY LOCAL REG. Jan. 21, 1963	26. REGISTRAR'S SIGNATURE <i>Dr. E. M. Riche by William M. Herman</i>

EMERALD STATE

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Permit renewed 11/21/63

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 me _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Leslie L. Wilson _____

Licensed Embalmer No. 3014

P. O. Address Monroe City 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.