

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-003396

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

577

STATE FILE NUMBER

FILED FEB 8 1963

VS 300
Rev. 4/59

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28150

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY St. Louis		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) St. Louis		c. CITY OR TOWN Wichita	
c. FULL NAME OF (If NOT in hospital, give location) St. Luke's Hospital		d. STREET ADDRESS 646 So. Beverly	
3. NAME OF DECEASED (Type or print) First Katherine Middle Elaine Last DeWitt		4. DATE OF DEATH Month January Day 18 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 7/1/1960
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY Wichita, Kansas	
11. BIRTHPLACE (City and state or country) U.S.		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Wayne R. DeWitt		13b. MOTHER'S MAIDEN NAME Dorothy V. Nielsen	
14. NAME OF HUSBAND OR WIFE None		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 Mrs. R. G. DeWitt, Wichita, Kansas	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Fracture of skull with Subdural Hemorrhage; Cerebral Concussion, suffered in automobile accident in vicinity of Monroe City, Missouri on January 17, 1963. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) accident 825-1-63 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.) see above		20c. TIME OF INJURY Hour 1 a.m. 17 p.m. 63	
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.) 64 Highway	
20f. CITY, TOWN, OR LOCATION Monroe City, Mo		20g. COUNTY Mo	
21. I attended the deceased from 900 P to 900 P and last saw her alive on 1-17-63 Death occurred at 900 P on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Helen L. Taylor, Coroner		22b. ADDRESS 1300 Clark Ave	
22c. DATE SIGNED 1-18-63		23. LOCATION (City, town, or county) (State) Monroe City, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 1-19-63	
23c. NAME OF CEMETERY OR CREMATORY Monroe City, Mo.		23d. DATE RECD. BY LOCAL REG. JAN 18 1963	
24. FUNERAL DIRECTOR Wilson Funeral Home, Monroe City, Mo.		25. REGISTRAR'S SIGNATURE Boal Smith, M.D.	

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

Stanley B. Shelton

Licensed Embalmer No. 4193

P. O. Address St. Louis

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.