

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-032857  
STATE FILE NUMBER

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 186

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED AUG 26 1963

|                                                                                 |  |                                                                                                                                               |                                                                  |
|---------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Livingston</u>                                |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u> |                                                                  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>Chillicothe</u> |  | Length of stay in 1b<br><u>5 days</u>                                                                                                         | c. CITY OR TOWN <u>Wheeling</u>                                  |
| c. FULL NAME OF (If NOT in hospital, give location)<br><u>City Hospital</u>     |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                          | d. STREET ADDRESS (If outside, give location)<br><u>Wheeling</u> |
|                                                                                 |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                    |                                                                  |

|                                                                                                                         |                                  |                                                                                                                                                             |                                                               |                                                                          |                                           |
|-------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| 3. NAME OF DECEASED<br>(Type or print)<br><u>ESTELLA BELLE DEWITT</u>                                                   |                                  |                                                                                                                                                             | 4. DATE OF DEATH<br>(Month Day Year)<br><u>August 10 1963</u> |                                                                          |                                           |
| 5. SEX<br><u>Female</u>                                                                                                 | 6. COLOR OR RACE<br><u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>11-14-1878</u>                         | 9. AGE (last birthday)<br><u>84</u>                                      | IF UNDER 1 YEAR<br>Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>At Home</u>           |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Housewife</u>                                                                                                       |                                                               | 11. BIRTHPLACE (City and state or country)<br><u>Rushville, Illinois</u> |                                           |
| 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>                                                                               |                                  |                                                                                                                                                             |                                                               |                                                                          |                                           |
| 13a. FATHER'S NAME<br><u>James A. Buckley</u>                                                                           |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>Mary Catherine Finch</u>                                                                                                    |                                                               | 14. NAME OF HUSBAND OR WIFE<br><u>Clarence M. DeWitt</u>                 |                                           |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no or unknown) (If yes, give war or dates of service)<br><u>No</u> |                                  | 16. SOCIAL SECURITY NO.<br><u>49-42-3895B</u>                                                                                                               |                                                               | 17. INFORMANT<br><u>Mrs. Elmore Warren: Wheeling, Mo.</u>                |                                           |

|                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Adenocarcinoma of Colon</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>6 months</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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

|                                                                                                                                                                                                                                                                   |                                                                                                           |                                                                                              |                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                                                                                                                                                 | 20a. ACCIDENT <input 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.) |                                                               |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____                                                                                                                                                                                       |                                                                                                           |                                                                                              |                                                               |
| 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.)                  | 20f. CITY, TOWN, OR LOCATION                                                                 | COUNTY STATE                                                  |
| 21. I attended the deceased from <u>Sept. 1961</u> to <u>Aug. 10, 1963</u> and last saw her <u>alive</u> on <u>Aug. 10, 1963</u> .<br>Death occurred at <u>four-fifty</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated. |                                                                                                           |                                                                                              |                                                               |
| 22a. SIGNATURE (Degree or title)<br><u>Willie Bryan D.O.</u>                                                                                                                                                                                                      |                                                                                                           | 22b. ADDRESS<br><u>Wheeling, Mo.</u>                                                         | 22c. DATE SIGNED<br><u>8-12-63</u>                            |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>                                                                                                                                                                                                        | 23b. DATE<br><u>8-12-1963</u>                                                                             | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Wheeling</u>                                        | 23d. LOCATION (City, town, or county)<br><u>Wheeling, Mo.</u> |
| 24. FUNERAL DIRECTOR<br><u>Normans - Chillicothe, Missouri</u>                                                                                                                                                                                                    | 25. DATE RECD. BY LOCAL REG.<br><u>Aug. 12, 1963</u>                                                      | 26. REGISTRAR'S SIGNATURE<br><u>Annalee Taylor</u>                                           |                                                               |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

**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 Elton P. Piman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.