

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033036

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 95

FILED AUG 26 1963

VS 300 Rev. 4/59	DATE AMENDED	1. PLACE OF DEATH a. COUNTY <u>Newton</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>McDonald</u>		
10735	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Neosho,</u>	Length of stay in lb <u>34 days</u>	c. CITY OR TOWN <u>Southwest City,</u>	
20600		c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Sales Memorial</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Rt. # 1</u>	
3		3. NAME OF DECEASED (Type or print) First <u>Paul</u> Middle <u>Edward</u> Last <u>Dewitt</u>		4. DATE OF DEATH Month <u>July</u> Day <u>23</u> Year <u>1963</u>	
4 0		5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/1/1918</u>
5 1		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>	9. AGE (last birthday) <u>45</u>
6		11a. FATHER'S NAME <u>Alva Dewitt</u>		11b. MOTHER'S MAIDEN NAME <u>Lula Parks</u>	11. BIRTHPLACE (City and state or country) <u>Southwest City, Mo.</u>
7 0		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW II</u>		13. SOCIAL SECURITY NO. <u>492-20-5728</u>	14. INFORMANT <u>Levithan DeWitt, Southwest City, Mo.</u>
8 0		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion, acute</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
9289.2		Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hemochromatosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u>	
10		DUE TO (c) _____		<u>6 months</u>	
11		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	
122-0		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
136-1		20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
	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>7-2-63</u> to <u>7-23-63</u> and last saw him alive on <u>7-23-63</u>		Death occurred at <u>12:50 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.		
	22a. SIGNATURE <u>Harold C. Lentz</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>Neosho, Mo.</u>		
	22c. DATE SIGNED <u>8-19-63</u>				
	23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>7/23/1963</u>		
	23c. NAME OF CEMETERY OR CREMATORY <u>Southwest City Cemetery</u>		23d. LOCATION (City, town, or county) <u>Southwest City, Mo</u>		
	24. FUNERAL DIRECTOR <u>Downey-Woodard-Mooney, City, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>7-29-63</u>		
	26. REGISTRAR'S SIGNATURE <u>Maydene Belka</u>				

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

No burial permit issued.

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

Wayne P. H. Haskins

Licensed Embalmer No.

5172

P. O. Address

Neel, 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.