

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

281

Primary Registration District No.

3048

Registrar's No.

247

63-040775

FILED NOV 12 1963

1. PLACE OF DEATH

a. COUNTY

Nodaway

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

MARYVILLE

Length of stay in

6 yrs

c. FULL NAME OF (If NOT in hospital, give location)

Thurman Home

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission)

a. STATE

Mo

b. COUNTY

Nodaway

c. CITY

MARYVILLE

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

422 E.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

THOMAS FRANKLIN DEWITT

4. DATE

OF

DEATH

11-3-1963

5. SEX

MALE

6. COLOR OR RACE

CAU

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

6-19-1876

9. AGE (last birthday)

87

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 Hrs

Months Days Hours Min.

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)

Hopkins, Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Thomas C. DeWitt

13b. MOTHER'S MAIDEN NAME

Mary Johnston

14. NAME OF HUSBAND OR WIFE

Josephine DeWitt

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, or (if unknown)) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Victor Soetaert, Maryville, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebrovascular thrombosis

INTERVAL BETWEEN

ONSET AND DEATH

<24 hrs

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

DUE TO (b)

Embolus from

<24 hrs

DUE TO (c)

Rt. femoral arterial occlusion

3 days

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 day

☐ 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.)

20c. TIME OF INJURY

Hour

a.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 April 1962 to 11/3/63 and last saw her alive on 11/2/63.

Death occurred at 4:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Maryville Mo

22c. DATE SIGNED

11/6/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

11-5-1963

23c. NAME OF CEMETERY OR CREMATORY

Hopkins Cem.

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

Hopkins, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Hitchison-Maryville, Mo.

25. DATE RECD. BY LOCAL REG.

11-6-63

26. REGISTRAR'S SIGNATURE

Beas/bol1-

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300

Rev. 4/59

1 07415

2 07745

3

4 0

5 2

6

7 0

8 0

9 454X

10

11

12 86-0

13 1-0

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

G. M. Atkinson

Licensed Embalmer No.

2279

P. O. Address

Maryville, 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.