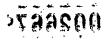
MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH									
DEPARTMENT OF PUBLIC HEALTH AND WELFARE  Redistration District No. 3693 Registrat's No. 12669state File NUMBER  Redistration District No. 3693 Registrat's No. 12669state File NUMBER									
DO NOT WRITE ON THIS STUB		AMEN	DED	1					
VS 300	OED			·	. 1.	PLACE OF DEATH  a. COUNTY Henry  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE b. COUNTY Henry  admission)			
Rev. 4/59	AMENDED			.		b. CITY (If outside corporate limits, give TOWNSHIP only) OR OR TOWN O			
10425						C FILL NAME OF IT NOT in possible give location)  Listing Limits			
20420	DATE					HOSPITAL OR INSTITUTION Wetzel Hospital  Yes No   Yes No   Yes St. No  Yes St. No  Yes St. No  Yes St. No  Yes St. No  Yes St. No  Yes			
3					3	NAME OF DECEASED (Type or print)  BENJAMIN EDWARD DEWITT  A. DATE Month Day Year OF DEATH July 22, 1964			
5 /					5	SEXMALE   6. COLOR OR RACE   7. Married   Never Married   8. DATE OF BIRTH   9. AGE (last birthday)   IF UNDER 1 YEAR   IF UNDER 24 HR   Months   Days   Hours   Min.			
6	- SN				10	s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Farm  Henry Co. Mo.  IISA			
7 0	3				13	. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE			
8 /	2				William Thomas DeWitt Mary Etta Morre Florida May DeWitt was deceased ever in U.S. ARMED FORCES?				
~ l						rs, no, or unknown) (If yes, give war or dates of service)  NO  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  INTERVAL BETWEEN			
10				Ē		PART I. DEATH WAS CAUSED BY:			
11	3 6			DOCUMENT		IMMEDIATE CAUSE (a) Collision School March 2 What			
14 2 - 1.	INSTEAD			which gave rise to above cause (a), stating the under-					
	2				z	lying cause last. J DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was female was			
	1				CATION	disease condition given in PART I (a)  there a pregnancy in last 90 days.  Yes No Unknown			
					CERTIFIC	19. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART 1 or PART II of item 18.) PERFORMED? YES   NO			
ON SAMENDAMENTS					WEDICAL	20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m.			
K INK RIBBON					*	20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, hort while AT WORK   5 farm, factory, street, office bldg., etc.)			
BLACK OR RITER R	READ					21. I attended the deceased from 1914, to least and last saw her him alive on 2-22-47			
M W						Death occurred at			
USE BLACK OR TYPEWRITER	SHOULD			/IT OF		22a. SIGNATURE C. R. Witz (Degree or title) 22b. ADDRESS 22c. DATE SIGNED 7-23-4			
· [	0	-	+	AFFIDAVIT	238	BURIAL CREMATION, 23b. DATE / 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)  REMOVAL (Specify)  Jul 24. 64 Mt. Olivet Henry Co. Missouri			
	NON W			AFFI		Burial Jul 24, 64 Mt. Olivet Henry Co. Missouri  FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE			
	ITEM			ΒY		Consalus Clinton, Mo. July 23 1964 Wildred Bigum			
'	•		•	•		(Licensed Embalmer's Statement on Reverse Side)			

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## 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	g under my personal supervision.	
Student	-	_ Signed Englin R. Consalin
	Signature of Student Embalmer	
		Licensed Embalmer No. 4680
		P. O. Address Clinton, 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.