

FILED MAY 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12891**

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **2052** Registrar's No. **173**

1. PLACE OF DEATH a. COUNTY PETTIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PETTIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SEDALIA	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN SEDALIA	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION CROWN HILL CEMETERY		e. STREET ADDRESS (If rural, give location) LO3 E. Walnut	

3. NAME OF DECEASED (Type or Print) a. (First) ADDIE BELLE b. (Middle) WILLIAMS c. (Last) DEWITT			4. DATE OF DEATH (Month) (Day) (Year) May 3, 1954		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr 27, 1910		9. AGE (In years last birthday) 44 if UNDER 1 YEAR Months Days if UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Cross Timbers, Mo		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME David D. Williams	13b. MOTHER'S MAIDEN NAME Lillian C. Moore	14. NAME OF HUSBAND OR WIFE Newton U. Dewitt			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give way or dates of service) None		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lillian Williams, Sedalia, Mo.		

18. CAUSE OF DEATH... Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Homicide by firearms ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION E981X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Cemetery	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Sedalia Pettis Mo.		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5-3-54 4:30 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Homicide by firearms.		
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22. I hereby certify that I ^{VIEWED} ~~viewed~~ the deceased **as above**, that I last saw the deceased alive on **10**, and that death occurred at **4:00 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE Chas Gordon Gumpfich M.D.		23b. ADDRESS Coroner, Pettis Co.	23c. DATE SIGNED 5-4-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/6/54	24c. NAME OF CEMETERY OR CREMATORY Guler Cemetery	24d. LOCATION (City, town, or county) (State) Near Cross Timbers, Mo.	
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DATE RECD BY LOCAL REG. 5/5/54	REGISTRAR'S SIGNATURE A. J. Campbell M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Edward Ewing Sedalia, Mo.		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

04

23

0800

MAY 28 1954

JUL 30 1954

MAY

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 *P. E. Baker*.....

Licensed Embalmer No. *24*.....

P. O. Address *Sedalia*.....

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.