

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018090

STATE FILE NUMBER

Filed MAY 18 1959

Registration District No. 150

Primary Registration District No. 4240

Registrar's No. 118

300
-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Blue Springs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Blue Springs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 600 No 15th		Length of stay in 1b 20 Yrs	d. STREET ADDRESS (If outside, give location) 7000 600 No 15th
3. NAME OF DECEASED (Type or print) First Middle Last Samuel Lee Dewitt		4. DATE OF DEATH Month Day Year May 8 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 23 1868
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 90
11. BIRTHPLACE (City and state or country) Blue Springs Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Dammiel Dewitt		13b. MOTHER'S MAIDEN NAME Caroline Lowe	14. NAME OF HUSBAND OR WIFE Lucy Dewitt
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 500-40-1109	17. INFORMANT Fay Moss Address Blue Springs 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) <i>Cardiac & Respiratory Depression</i> DUE TO (b) <i>Myocardial Infarction</i> DUE TO (c) <i>Coronary Occlusion; Rheum Arthritis</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) 4201			INTERVAL BETWEEN ONSET AND DEATH 5 Min
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
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 <i>May 8 1959</i> , to <i>May 8 1959</i> and last saw him alive on <i>May 8 1959</i> Death occurred at <i>May 8 1959 2 p</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>James H. Via, MD</i>		(Degree or title) 2	22b. ADDRESS <i>Blue Springs, Mo</i>
22c. DATE SIGNED <i>5-9-59</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 10 1959	23c. NAME OF CEMETERY OR CREMATORY Blue Springs Cem	23d. LOCATION (City, town, or county) Blue Springs Mo
24. FUNERAL DIRECTOR Webb Funeral Home Blue Springs Mo		25. DATE RECD. BY LOCAL REG. 5/8/59	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAY 20 1959

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 William J. [Signature]

Licensed Embalmer No. 4733

P. O. Address Blm Spring

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.