

FILED MAR 8 1949

STANDARD CERTIFICATE OF DEATH

State File No. 4483

BIRTH NO.		REG. DIST. NO. 117		PRIMARY REG. DIST. NO. 5436		Registrar's No. 2	
1. PLACE OF DEATH a. COUNTY Gasconade				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gasconade			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Boulware Twp		c. LENGTH OF STAY (in this place) lifetime		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Boulware Twp.			
d. FULL NAME OF HOSPITAL OR INSTITUTION near Bay, Mo.				d. STREET ADDRESS (If rural, give location) near Bay, Mo.			
3. NAME OF DECEASED (Type or Print) Fred Wilhelm Witte		a. (First)		b. (Middle)		c. (Last)	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 1-30-1878	
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months 8		IF UNDER 1 HRS. Hours 8		IF UNDER 1 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Bay, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Friedrich Witte		13b. MOTHER'S MAIDEN NAME Caroline Landwehr Witte		14. NAME OF HUSBAND OR WIFE Sophia Westholz Witte			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Sophia Witte ADDRESS Bay, 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) Probable coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary sclerosis DUE TO (c) Gen. arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4251				INTERVAL BETWEEN ONSET AND DEATH None years years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 1, 1947, to Jan 7, 1949, that I last saw the deceased alive on Jan 1, 1949, and that death occurred at 1 P. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Howard Hartman M.D.				23b. ADDRESS Hermann, Mo.		23c. DATE SIGNED 2-5-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-9-1949		24c. NAME OF CEMETERY OR CREMATORY St. Paul's Cem.		24d. LOCATION (City, town, or county) (State) Bay, Missouri	
DATE REC'D BY LOCAL REG. 2/9/49		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Milford H. H. Winter		ADDRESS OWENSVILLE MO	

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 9,
District
Date 3-7-49

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 ^{XXX}_____

Student Embalmer No. _____
working under my personal supervision.

Signed _____
Student Embalmer

Signed Melford H. H. Winters
Licensed Embalmer No. 3838

P. O. Address Owensville, 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 this body is not embalmed, fact should be so stated above.