

FILED APR 4 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2863  
4449  
Registrar's No. 9-1949

28  
5

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

BIRTH NO. _____		REG. DIST. NO. 86		PRIMARY REG. DIST. NO. _____		State File No. 2863		
1. PLACE OF DEATH a. COUNTY Crawford				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Crawford				
b. CITY (If outside corporate limits, write RURAL and give township) Cuba		c. LENGTH OF STAY (in this place) 78 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Cuba Rural, Approx. 1/2 Mi. N.W.				
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home				d. STREET ADDRESS Missouri				
3. NAME OF DECEASED (Type or Print) a. (First) Hedwig b. (Middle) SELMA c. (Last) Witzke			4. DATE OF DEATH (Month) (Day) (Year) 3 21-49					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 10-11-1893		
9. AGE (In years last birthday) 55		10. 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 (State or foreign country) Hohengarten, Germany		
12. CITIZEN OF WHAT COUNTRY? German		13a. FATHER'S NAME HERMAN HENTZ		13b. MOTHER'S MAIDEN NAME SELMA BIRNBAUM		14. NAME OF HUSBAND OF WIFE Rudolph Witzke		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Rudolph Witzke				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis Congestive ANTECEDENT CAUSES DUE TO (b) Ch. Myocardios Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Cholelithiasis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ch. Hypertensio. n.d.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION 700		19b. MAJOR FINDINGS OF OPERATION 700				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) 700		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 700				
22. I hereby certify that I attended the deceased from June, 1948, to 3-21, 1949, that I last saw the deceased alive on 3-20, 1949, and that death occurred at 2 P.M., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Paul A. Shanklin				23b. ADDRESS St. James Hospital & Sanitarium		23c. DATE SIGNED 3/21/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-24-1949		24c. NAME OF CEMETERY OR CREMATORY Kinsler Cemetery		24d. LOCATION (City, town, or county) (State) Cuba Crawford Mo.		
DATE REC'D BY LOCAL REG. 3-22-49		REGISTRAR'S SIGNATURE Paul A. Shanklin		25. FUNERAL DIRECTOR'S SIGNATURE Paul A. Shanklin		ADDRESS		

**RECEIVED**

District Health Officer No. 5

District File Number 449235

Date Filed 4-1-49

**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 \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.