

FILED JAN 10 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

968

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5514 Registrar's No. 2

04/20
 1

1. PLACE OF DEATH
 a. COUNTY Henry
 b. CITY (If outside corporate limits, write RURAL and give township) Brownington, R.F.D.
 c. LENGTH OF STAY (in this place)
 d. FULL NAME OF HOSPITAL OR INSTITUTION At home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Mo. b. COUNTY Henry
 c. CITY (If outside corporate limits, write RURAL and give township) Brownington, Osage
 d. STREET ADDRESS (If rural, give township) R.F.D.

3. NAME OF DECEASED
 a. (First) Lizzie b. (Middle) May c. (Last) Witham

4. DATE OF DEATH (Month) (Day) (Year)
Jan 3 - 50

5. SEX Female **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** Widowed

8. DATE OF BIRTH Feb 4 - 1872 **9. AGE** (In years last birthday) 77 **10. IF UNDER 1 YEAR** Months 10 Days 29 **11. IF UNDER 24 HRS.** Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife **10b. KIND OF BUSINESS OR INDUSTRY**
11. BIRTHPLACE (State or foreign country) Mo. O **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME John Plecker **13b. FATHER'S MAIDEN NAME** Susan Pickett **14. NAME OF HUSBAND OR WIFE**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **16. SOCIAL SECURITY NO.** **17. INFORMANT'S SIGNATURE OR NAME** Mrs. John Barker, Brownington **ADDRESS**

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute gastro-Enteritis. **INTERVAL BETWEEN ONSET AND DEATH** 3 Days

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.
5714

19a. DATE OF OPERATION **19b. MAJOR FINDINGS OF OPERATION.** **20. AUTOPSY?** YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **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) (Min.) **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 1-2, 1950, to 1-3, 1950, that I last saw the deceased alive on 1-3, 1950, and that death occurred at 4:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) T. H. J. Anglin, Jr. D. M. D. **23b. ADDRESS** Osage, Mo. **23c. DATE SIGNED** 1-3-50.

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** Jan. 6-50 **24c. NAME OF CEMETERY OR CREMATORY** Maplewood **24d. LOCATION** (City, town, or county) (State) Brownington Mo.

DATE REC'D BY LOCAL REG. Jan-3-50 **REGISTRAR'S SIGNATURE** Florence Adair **422** **25. FUNERAL DIRECTOR'S SIGNATURE** Tom Neust, Deepwater, Mo. **ADDRESS**

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

RECEIVED

District Health Officer No. 7,

District File Number 12-49-1572

Date Filed 7-9-54

JUL 19 1954

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
Student Embalmer

Signed Jam Stewart.....

Licensed Embalmer No. 2782.....

P. O. Address Deepwater 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.