

FILED MAR 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5316

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 4289 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <i>Lincoln</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Lincoln</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Hawkpoint</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Hawkpoint</i> <i>0570</i>	
c. LENGTH OF STAY (In this place) <i>50 yrs.</i>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <i>ALVA</i> b. (Middle) <i>STONEWALL</i> c. (Last) <i>WITT</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Feb 17 1950</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Jan 22 1869</i>	9. AGE (In years last birthday) <i>81</i>	IF UNDER 1 YEAR Months <i>0</i> Days <i>35</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	

13a. FATHER'S NAME <i>Jordan Reese</i>	13b. MOTHER'S MAIDEN NAME <i>Luella Barnes</i>	14. NAME OF HUSBAND OR WIFE <i>Alberta Witt</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Alberta Witt</i>	ADDRESS <i>Hawkpoint Mo</i>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute dilatation of Heart</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 da.</i> <i>1 yr.</i> <i>7 2 2</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Previous myocarditis</i>		
	DUE TO (c) <i>Death of brother 5 da. prev.</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *2-15*, 19*50*, to *2-17*, 19*50*, that I last saw the deceased alive on *2-17, 1950*, and that death occurred at *9:40 A.M.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>John T. Shuman, M.D.</i>	23b. ADDRESS <i>Hawk Point, Mo</i>	23c. DATE SIGNED <i>2-18-50</i>
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24a. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>2-19-50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Hawkpoint Cem</i>	24d. LOCATION (City, town, or county) (State) <i>Hawkpoint Missouri</i>
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DATE REC'D BY LOCAL REG. <i>Feb. 18 1950</i>	REGISTRAR'S SIGNATURE <i>Emma R. Riddle</i>	162	25. FUNERAL DIRECTOR'S SIGNATURE <i>Wayne Mc Caff</i>	ADDRESS <i>Way Mo</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED FEB 20 1950
District Health Officer No. 9,
District File Number.

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.

Signed _____
Student Embalmer

Signed Wayne Mc Coy
Licensed Embalmer No. 3586

P. O. Address Tray 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.