

FILED JUL 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22421

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 125

1. PLACE OF DEATH a. COUNTY Saline			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall		c. LENGTH OF STAY (In this place) 46 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall 0972		
d. FULL NAME OF HOSPITAL OR INSTITUTION Fitzgibbon Hospital			d. STREET ADDRESS (If rural, give location) 777 South Lafayette 0		
3. NAME OF DECEASED (Type or Print) a. (First) Immanuel b. (Middle) --- c. (Last) Wittrup			4. DATE OF DEATH (Month) (Day) (Year) June 22, 1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH October 1, 1876	9. AGE (In years last birthday) 73	# UNDER 1 YEAR Months 8 Days 21 Hours --- Mins. ---
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Florist Owner		10b. KIND OF BUSINESS OR INDUSTRY Florist	11. BIRTHPLACE (State or foreign country) Denmark 4		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Jens Christian Wittrup		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Opal Wittrup, Marshall, Mo		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes		16. SOCIAL SECURITY NO. Spanish-American 486-03-6864	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Opal Wittrup Marshall, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Liver & Pancreas ANTECEDENT CAUSES Morbidity 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. 156A				
19a. DATE OF OPERATION June 9-50	19b. MAJOR FINDINGS OF OPERATION Carcinoma of Liver & Pancreas				
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
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) Marshall Saline Mo.			
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			
22. I hereby certify that I attended the deceased from Jan 10, 1950 , to June 22, 1950 , that I last saw the deceased alive on June 17, 1950 , and that death occurred at 8:05 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Dr. R. L. Lewis M.D.		23b. ADDRESS Marshall, Mo		23c. DATE SIGNED June 24, 50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 25, 1950	24c. NAME OF CEMETERY OR CREMATORY Ridge Park Cemetery	24d. LOCATION (City, town, or county) (State) Marshall, Missouri		
DATE REC'D BY LOCAL REG. June 24 1950	REGISTRAR'S SIGNATURE Shidney J. Gray 385	25. FUNERAL DIRECTOR'S SIGNATURE Campbell Lewis	ADDRESS Marshall, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

IN ORDER TO RETURN TO DEPARTMENT
PLEASE TO RETURN TO DEPARTMENT

RECEIVED

Medical Health Officer No. 8,

District File Number
7-6-50

OCT 28 1950

DEC 5 1950

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 James H. Lewis
Licensed Embalmer No. 4709
P. O. Address Marshall, 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.