

FILED SEP 2 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27181  
3585

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Salina</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Salina</u> <u>8150</u>	
c. LENGTH OF STAY (In this place) <u>5 MO. 7 DA</u>		d. STREET ADDRESS (If rural, give location) <u>8</u> <u>X</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>St. Mary's Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>DANIEL</u>	b. (Middle) <u>W.</u>	c. (Last) <u>WITTERS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8</u> <u>19</u> <u>50</u>
---	-----------------------	--------------------------	---

5. SEX <u>Ma</u> <u>0</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>10-30-1913</u>	9. AGE (In years last birthday) <u>36</u>	IF UNDER 1 YEAR Months	IF UNDER 1 HOUR Hours	IF UNDER 1 MIN. Min.
---------------------------	----------------------------	--	---------------------------------------	--	---------------------------	--------------------------	-------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>H.R. Switchman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Union Pacific</u>	11. BIRTHPLACE (State or foreign country) <u>Ellsworth, Kansas</u> <u>/</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	--	---

13a. FATHER'S NAME <u>Harry G. Witters</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Schrader</u>	14. NAME OF HUSBAND OR WIFE <u>Helen Witters</u>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u> <u>xx</u>	16. SOCIAL SECURITY NO. <u>511-10-7795</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Helen Witters, Salina, Kansas</u>	ADDRESS <u>Salina, Kansas</u>
--	---	--	----------------------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Carcinoma of Colon</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 Mo.</u>
	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. <u>153 X</u>		

19a. DATE OF OPERATION <u>5/13/50</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Colon</u>	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)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	---	----------------------------

22. I hereby certify that I attended the deceased from May 13, 1950 to 8/19, 1950, that I last saw the deceased alive on 8/19, 1950 and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>M.J. Owens</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>406 Grand Salina</u>	23c. DATE SIGNED <u>8/21/50</u>
-------------------------------------	----------------------------------	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>8-19-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Salina, Kansas</u>
---	-----------------------------	--	--

DATE REC'D BY LOCAL REG. <u>8-21-50</u>	REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J.W. Wagner</u>	ADDRESS <u>K. C. Mo</u>
--	--	--	----------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

11-2813

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 Embalmer No.....

Signed Alvin R. Haunschuld

Signed.....  
Student Embalmer

Licensed Embalmer No. 4159

P. O. Address Kansas City

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.