

**STANDARD CERTIFICATE OF DEATH**

**FILED OCT 10 1950**

State File No. **32430**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4531 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <u>Warren</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY OR TOWN <u>Warrenton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Old Monroe</u>	
c. LENGTH OF STAY (in this place) <u>4 mo. 15 da</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Katie Jane Memorial Home</u>			

3. NAME OF DECEASED (Type or Print) <u>Kate F. Witte</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 15 1950</u>		
a. (First)	b. (Middle)	c. (Last)	5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced</u>
8. DATE OF BIRTH <u>Feb. 24, 1879</u>	9. AGE (In years, last birthday) <u>71</u>	10a. USUAL OCCUPATION (This kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Bill Henningsfelt</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Hackenworth</u>	14. NAME OF HUSBAND OR WIFE <u>Henry Bals</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Louis Mansel</u> ADDRESS <u>St. Marcus Mill</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	<p align="center"><b>MEDICAL CERTIFICATION</b></p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>4) Pneumonia bilateral</u> ANTECEDENT CAUSES <u>Myocarditis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>2) Myocarditis - congestive</u> DUE TO (c) <u>heart failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 day</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>42.2</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 30, 1950, to Sept 15, 1950, that I last saw the deceased alive on Sept 15, 1950, and that death occurred at 11:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. M. D. Holm</u>	23b. ADDRESS <u>Warrenton Mo.</u>	23c. DATE SIGNED <u>Sept 16-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Sept 18-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Old Marys Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Old Monroe Mo.</u>	DATE REC'D BY LOCAL REG. <u>9-16-50</u>	REGISTRAR'S SIGNATURE <u>Floyd Logan</u>
25. FUNERAL DIRECTOR'S SIGNATURE <u>E. Keithly</u>	ADDRESS <u>Stallion Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

90  
4

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

OCT - 3 1950

RECEIVED

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

*E. Keithly*

Signed \_\_\_\_\_

Student Embalmer

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

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

*Dallas 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.