

FILED FEB 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4020

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Sauvage</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>		c. LENGTH OF STAY (in this place) <u>1/2 day</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hermann</u>		0371 1
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No 1</u>			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) <u>ARTHUR</u>			a. (First)	b. (Middle)	c. (Last) <u>WITTHAUS</u>
4. DATE OF DEATH	(Month)	(Day)	(Year)		
<u>FEB 12</u>	<u>1951</u>				
5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Mar. 15, 1891</u>	9. AGE (in years last birthday) <u>57</u>	10. UNDER 1 YEAR Months <u>10</u> Days <u>28</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plumber</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Plumbing</u>	11. BIRTHPLACE (State or foreign country) <u>Verger MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Henry S. Witthaus</u>		13b. MOTHER'S MAIDEN NAME <u>Henrietta Kollmeyer</u>		14. NAME OF HUSBAND OR WIFE <u>Vera Witthaus</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>OK</u>		16. SOCIAL SECURITY NO. <u>OK</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records</u> ADDRESS <u>Fulton MO</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, asthenia, etc. It means the disease, injury, or complication which caused death.					
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis, Chronic</u>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES					
DUE TO (b) <u>Arteriosclerosis</u>					
DUE TO (c)					
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 <u>/</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>Feb. 12, 1951</u> , to <u>Feb. 12, 1951</u> , that I last saw the deceased alive on <u>Feb. 12, 1951</u> , and that death occurred at <u>11:26 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Ralf Hanks M.D.</u>			23b. ADDRESS <u>State Hosp. Fulton No 1</u>		23c. DATE SIGNED <u>2/13/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>2/13/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Herman city cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hermann Mo</u>		
DATE REC'D BY LOCAL REG. <u>Feb. 13-1951</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>		F. FUNERAL DIRECTOR'S SIGNATURE <u>Agost. Fleumer</u>	ADDRESS <u>Hermann Mo</u>	

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

61.43
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File No. _____
DISTRICT HEALTH OFFICE No. 4

FEB 19 1951

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 3160

P. O. Address Herrmann St

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.