

No. 300
10. 48

FILED MAY 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12096

BIRTH NO. _____ REG. DIST. NO. 101 PRIMARY REG. DIST. NO. 2399 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY Douglas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Douglas	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Crossroads, R, Campbell	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Crossroads, Missouri, Campbell	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0346	

3. NAME OF DECEASED (Type or Print) Ezekiel Chilton Witty			4. DATE OF DEATH (Month) (Day) (Year) 4-11-51		
a. (First)	b. (Middle)	c. (Last)			

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 12-9-66	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Middleton, Tenn.		12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James J. Witty	13b. MOTHER'S MAIDEN NAME Sally Lee Teal Lewis	14. NAME OF HUSBAND OR WIFE Ann Teal Witty
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Eldon Clarence Witty	ADDRESS Crossroads, Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Influenza Pneumonia			3 1/2 hrs
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Influenza		
	DUE TO (c) Sepsis - age 84		480x
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) (Min.)	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 4-8-51, to 4-11-51, 1951, that I last saw the deceased alive on 4-11-51, 1951, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE M.C. Bentley M.D. (Degree or title)	23b. ADDRESS Ava, Mo	23c. DATE SIGNED 4-14-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-13-51	24c. NAME OF CEMETERY OR CREMATORY Milles	24d. LOCATION (City, town, or county) (State) Crossroads, Missouri
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DATE REC'D BY LOCAL REG. 4-30-51	REGISTRAR'S SIGNATURE Uestal Bushman 184	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Linkingbeard Funeral Home, Ava, Mo.
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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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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED, MAY 7 1951

Dist. File 5-37-734

Date Filed 5-8-51

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 Lyle G. Linkingbeard

Licensed Embalmer No. 4830

P. O. Address Qua, 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.