

S. No. 3007
 V. 10.48
 APR 8 1952

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 7927

BIRTH NO. _____ REG. DIST. NO. 115 PRIMARY REG. DIST. NO. 4187 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Franklin.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY Franklin.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Union		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington, Rural, St. John's.	
c. LENGTH OF STAY (In this place) 2 yrs.		d. STREET ADDRESS (If rural, give location) R. #1 West. 0360	
d. FULL NAME OF HOSPITAL OR INSTITUTION Union Rest Home.			
3. NAME OF DECEASED (Type or Print) August		4. DATE OF DEATH (Month) (Day) (Year) April 2nd, 1952.	
a. (First) August		b. (Middle) Vitt	
5. SEX Male 0		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH May 22nd, 1869.	
9. AGE (In years last birthday) 82		10. IF UNDER 1 YEAR Days 10	
11. IF UNDER 1 YEAR Hours 10		12. IF UNDER 1 YEAR Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer.		10b. KIND OF BUSINESS OR INDUSTRY Own Farm.	
11. BIRTHPLACE (State or foreign country) Washington, Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Eberhart Vitt.		13b. MOTHER'S MAIDEN NAME Catherine Decker.	
14. NAME OF HUSBAND OR WIFE Paulina A. Vitt.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. X		16. SOCIAL SECURITY NO. None.	
17. INFORMANT'S SIGNATURE OR NAME Hadley A. Vitt		ADDRESS Washington, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular disease ANTECEDENT CAUSES Morbid 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. *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 442X	
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) m.		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 Aug 1949, to 4-4, 1952, that I last saw the deceased alive on 4-3, 1952, and that death occurred at 8:20 P.m., from the causes and on the date stated above.			
23a. SIGNATURE H.M. Senny (Degree or title)		23b. ADDRESS Union Mo.	
23c. DATE SIGNED 4-5-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial.		24b. DATE Apr. 5, 1952.	
24c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery,		24d. LOCATION (City, town, or county) (State) Washington, Mo.	
DATE REC'D BY LOCAL REG. Apr 5, 1952		REGISTRAR'S SIGNATURE J.T. Cooper of C 98	
FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Washington, Mo.	

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

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Lester A. Pitt

Licensed Embalmer No. *3254*

P. O. Address *Washington, 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.