

FILED MAR 19 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10173**
Registrar's No. **1245**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 23 yrs.		d. STREET ADDRESS (If rural, give location) 518 Spruce 3088	
d. FULL NAME OF HOSPITAL OR INSTITUTION 518 Spruce			

3. NAME OF DECEASED (Type or Print) a. (First) GUSTAV b. (Middle) AUGUST c. (Last) WITTE			4. DATE OF DEATH (Month) (Day) (Year) FEB 25-1953		
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY-8-1873	9. AGE (In years last birthday) 79	10. MONTHS - DAYS - HOURS - MIN. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY RETIRED		11. BIRTHPLACE (City and State or Foreign Country) GERMANY 4	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John		13b. MOTHER'S MAIDEN NAME HENRY WITTE MINNIE FLACHMEYER	
14. NAME OF HUSBAND OR WIFE AUGUSTA C. WITTE		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. 486-05-0635	

17. INFORMANT'S SIGNATURE OR NAME Mrs. AUGUSTA C. WITTE		ADDRESS 518 Spruce 105 S. MO.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>pulmonary pneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH 2 days	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTICIPATED CAUSES	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>cardiac failure</i> (c) <i>cardiac decompensation</i> DUE TO (c) <i>embolism, arteritis</i>		4 weeks	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		10 years	
		725X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 June, 1942, to Feb 25, 1953, that I last saw the deceased alive on Feb 25, 1953, and that death occurred at 12:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE R. H. Boyd Jr. (Degree or title) DO		23b. ADDRESS 9529 Julian Rd Independence		23c. DATE SIGNED 2/27/53	
24a. BURIAL CREMATION (REMOVAL) (Specify) BURIAL		24b. DATE FEB-28-1953		24c. NAME OF CEMETERY OR CREMATORY MOUND GRAVE	
24d. LOCATION (City, town, or county) (State) INDEPENDENCE, MO.		DATE REC'D BY LOCAL REG. 2-28-53		REGISTRAR'S SIGNATURE Sheraldine Smith	
25. FUNERAL DIRECTOR'S SIGNATURE C. H. Blackman & Son Inc.		ADDRESS			

91.C MO.

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

Dr. Richard
H. Boyd - J. D. O.
9529 - Truman
CL-9044
CL-6299

CL 6299

Feb. 2, 1944

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 James E. Hackleman

Licensed Embalmer No. 4573

P. O. Address Kansas City, 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.