

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21068**

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

BIRTH NO. _____		REG. DIST. NO. 73	PRIMARY REG. DIST. NO. 5291	Registrar's No. 62
1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CLAY		
b. CITY OR TOWN Liberty Rural	c. LENGTH OF STAY (in this place) 2 1/2 yrs	c. CITY OR TOWN LIBERTY	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Odd Fellows Home		e. STREET ADDRESS (If rural, give location) I.O.O.F. HOME		
3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) MARIE c. (Last) Witthaus		4. DATE OF DEATH (Month) (Day) (Year) June 12 1953		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Oct. 18, 1860	9. AGE (In years last birthday) 92
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) Calloway, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Koch		13b. MOTHER'S MAIDEN NAME UNKNOWN	13c. NAME OF HUSBAND OR WIFE John Henry Witthaus Died 1925	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Charles H. Witthaus ADDRESS 711 W. 84th Terr. K. C. Mo.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture, rt. ANTECEDENT CAUSES Bronchial pneumonia DUE TO (b) Fracture, rt. femur DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized atherosclerosis		INTERVAL BETWEEN ONSET AND DEATH 7 days 2 weeks 15 yrs
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) 1000		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 1950 , to 6/12 , 19 53 , that I last saw the deceased alive on 6/10 , 19 53 , and that death occurred at 9:30 p. m. , from the causes and on the date stated above.				
23a. SIGNATURE L. O. Schroeder (Degree or title) 0 M.D.		23b. ADDRESS Liberty, Mo		23c. DATE SIGNED 6/13/53
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE June 15, 1953	24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Mo	
DATE REC'D BY LOCAL REG. June 13, 1953	REGISTRAR'S SIGNATURE Mabel Graham	491	25. FUNERAL DIRECTOR'S SIGNATURE DW Newman ADDRESS 1331 1/2 E. 13th St. Kansas City Mo	

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.....
Signature of Student Embalmer

Signed *Albert L. Savage*.....

Licensed Embalmer No. *481*.....

P. O. Address *Kansas*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.