No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI

FILED NOV 9 - 1953

STANDARD CERTIFICATE OF DEATH

State File No. 35218

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5160 Registrar's No. 364

1. PLACE OF DEATH
a. COUNTY: Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township): Rural Calwood Twp
c. LENGTH OF STAY (In this place): 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RFD Fulton

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Callaway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Calwood Twp. 0140 0
d. STREET ADDRESS (If rural, give location): RFD Fulton

3. NAME OF DECEASED (Type or Print): a. (First) Rebecca b. (Middle) Jean c. (Last) Witt

4. DATE OF DEATH: (Month) 11 (Day) 3 (Year) 1953

5. SEX: F. 1

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 1873-3-13

9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months 7, Days 20 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (City and State or Foreign Country): Osage County Mo. 0

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Nathaniel Smith

13b. MOTHER'S MAIDEN NAME: Mary Hughes

14. NAME OF HUSBAND OR WIFE: Green Berry Witt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: no

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Green Berry Will RFD Fulton 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Anemia — INTERVAL BETWEEN ONSET AND DEATH: about 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Nephritis
DUE TO (c) Endocarditis

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: 4-21-4

20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 10, 1952 *to* Nov 3, 1953, *that I last saw the deceased alive on* Oct 30, 1953, *and that death occurred at* 7 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W O Payne O. M.D.

23b. ADDRESS: R #6 Fulton Mo

23c. DATE SIGNED: Nov 5 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 6, 1953

24c. NAME OF CEMETERY OR CREMATORY: Mokane

24d. LOCATION (City, town, or county) (State): Mokane Missouri

DATE REC'D BY LOCAL REG.: Nov 7 1953

REGISTRAR'S SIGNATURE: Maretta Lawrence 426

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Morgan F. D. Fulton Mo.

(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 Nancy A Stewart

Licensed Embalmer No. 3722

P. O. Address Fulton, Miss.

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.