

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43264**  
**5645**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City "Rural"</b>	
c. LENGTH OF STAY (In this place) <b>1 week</b>		d. STREET ADDRESS (If rural, give location) <b>3433 Blue Ridge</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>CHRISTIAN</b> b. (Middle) <b>HENRY</b> c. (Last) <b>WITTHAR Jr.</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>11/26/53</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>3/4/1906</b>	9. AGE (In years last birthday) <b>47</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>EMPLOYEE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NORMAN STANTON CONSTRUCTION</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Christian H. Witthar, Sr.</b>	13b. MOTHER'S MAIDEN NAME <b>Carrie Poertner</b>	14. NAME OF HUSBAND OR WIFE <b>Frieda Witthar</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>497-26-8753</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Frieda Witthar</b>	ADDRESS <b>3433 Blue Ridge, Kansas City, Missouri</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Cerebral Vascular Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>11 days</b>
ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>		DUE TO (b) <b>Hyper Tensive Cardiac Vascular Disease</b>		<b>Unknown</b>
		DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>				<b>443X</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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 **11-15, 1953**, to **11-26, 1953**, that I last saw the deceased alive on **11-26, 1953**, and that death occurred at **4:00 P.m.**, from the causes and on the date stated above.

22a. SIGNATURE <b>P. A. Kienberger</b> (Degree or title) <b>MD, MD</b>	23b. ADDRESS <b>5246 St. Jo. Ln.</b>	23c. DATE SIGNED <b>11-27-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>Nov. 30, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>FLORAL HILLS CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>
DATE REC'D BY LOCAL REG. <b>11-30-53</b>	REGISTRAR'S SIGNATURE <b>Seraldine Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. W. Newcomer's Sons, 1731 Quail Creek, Kansas City, Missouri</b>	

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 Charles J. Panz

Licensed Embalmer No. 4934

P. O. Address KC. 10, 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.