

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **44972**

FILED **JAN 5 1954**

REG. DIST. NO. **374**

PRIMARY REG. DIST. NO. **1547**

Registrar's No. **2**

1130

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

1. PLACE OF DEATH a. COUNTY <b>Worth</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Worth</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Grant City Mo</b>	c. LENGTH OF STAY (in this place) <b>ALL OF LIFE</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Grant City Missouri</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>		d. STREET ADDRESS (If rural, give location) <b>High Street 1130</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Cyrus</b>	b. (Middle) <b>Russell</b>	c. (Last) <b>Witmer</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 23-1953</b>
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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>April 13-1891</b>	9. AGE (In years last birthday) <b>62</b>	IF UNDER 1 YEAR Month <b>8</b> Days <b>10</b>	IF ORDER IS ISSUED Hours <b>4</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Garage owner</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Garage</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Grant City Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>David Witmer</b>	13b. MOTHER'S MAIDEN NAME <b>Luetta Kennedy</b>	14. NAME OF HUSBAND OR WIFE <b>Effie Witmer</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Effie Witmer</b>	ADDRESS <b>Grant City Mo</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* (a) <b>Generalized Arteriosclerosis with Hypertension</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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?
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22. I hereby certify that I attended the deceased from **1950**, to **Dec 23**, 19**53**, that I last saw the deceased alive on **23 Dec**, 19**53**, and that death occurred at **3:30** p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Frank B. Matthews MD</b>	23b. ADDRESS <b>Grant City Mo</b>	23c. DATE SIGNED <b>12.24.53</b>
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24a. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec 24-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Grant City Mo Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Grant City Mo</b>
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DATE REC'D BY LOCAL REG. <b>Jan. 2. 1954</b>	REGISTRAR'S SIGNATURE <b>John E. Dawson</b>	345	25. FUNERAL DIRECTOR'S SIGNATURE <b>John Anderson</b>	ADDRESS <b>Grant City Mo</b>
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(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 \_\_\_\_\_

*John Andrews*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*John Andrews*

Licensed Embalmer No. *4211*

P. O. Address *Grant 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.