

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5274

State File No.

FILED MAR 15 1954

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3031 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI		b. COUNTY JEFFERSON	
b. CITY OR TOWN DE SOTO		c. CITY OR TOWN DE SOTO		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place) YRS.		e. STREET ADDRESS (If rural, give location) 506 ST. LOUIS ST. 2			
d. FULL NAME OF HOSPITAL OR INSTITUTION 506 ST. LOUIS ST.					

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) IDA	b. (Middle) FREDRIKA	c. (Last) WITTRAM	FEB. 28, 1954		

5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH SEPT. 20, 1869	9. AGE (In years last birthday) 84	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 12 HRS. Hours	# UNDER 12 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and State or Foreign Country) DE SOTO, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME HERMAN HAMEL	13b. MOTHER'S MAIDEN NAME ELIZABETH YOUNG	14. NAME OF HUSBAND OR WIFE GEO. H. WITTRAM
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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) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MISS MARIE HAMEL	ADDRESS DE SOTO, MO.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH ?
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Essential Hypertension		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 444 X	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)
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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?
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22. I hereby certify that I attended the deceased from 2/24, 1954 to 2/28, 1954, that I last saw the deceased alive on 2/24, 1954 and that death occurred at 9 p. m., from the causes and on the date stated above.

23a. SIGNATURE Marie Harris	(Degree or title)	23b. ADDRESS De Soto Mo	23c. DATE SIGNED 3/3/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3/3/54	24c. NAME OF CEMETERY OR CREMATORY CITY	24d. LOCATION (City, town, or county) (State) DE SOTO MO.
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DATE REC'D BY LOCAL REG. 3-3-54	REGISTRAR'S SIGNATURE Marie Harris	25. FUNERAL DIRECTOR'S SIGNATURE J. Lee Mathershead	ADDRESS De Soto, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT,
HILLSBORO, MISSOURI

DATE RECEIVED MAR 8 1954

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 *Andrew H. England*.....

Licensed Embalmer No... *47*

P. O. Address *De Soto*.....

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.