

No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28351

BIRTH NO. _____ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 4352 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Versailles</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Versailles</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Eunice</u>	b. (Middle) <u>AbberTa</u>	c. (Last) <u>WITTEN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>August 20 1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>December 19, 1890</u>	9. AGE (In years last birthday) Months Days <u>63 8 1</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Clerk Ben Franklin</u>	11. BIRTHPLACE (State or foreign country) <u>Versailles, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Wm. Hunter</u>	13b. MOTHER'S MAIDEN NAME <u>Lillie Price</u>	14. NAME OF HUSBAND OR WIFE <u>John G. Witten Versailles, Mo</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>494-22-1033</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John David Witten Versailles, Mo</u>	ADDRESS <u>Versailles, Mo</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 min</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Unknown</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c) <u>332X</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Acute Bronchial Pleurisy Neuritis</u>		<u>1 min</u>	

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) <u>NO</u>	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) (Min)	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 Jan, 1947 to Aug 20, 1954, that I last saw the deceased alive on Aug 20, 1954, and that death occurred at 3:45 p m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. L. Washburn</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Versailles, Mo</u>	23c. DATE SIGNED <u>8/27/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>August 22, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Versailles Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>Versailles, Missouri</u>

DATE REC'D BY LOCAL REG. <u>8/13/54</u>	REGISTRAR'S SIGNATURE <u>J. L. Washburn</u>	214- <u>5</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Sam R. Scrimmer</u>	ADDRESS <u>Versailles, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 6 1960

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 James R. Scriner
Licensed Embalmer No. 4880

P. O. Address Versailles, 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.