

STANDARD CERTIFICATE OF DEATH

FILED SEP 27 1954

State File No.

BIRTH NO. REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 94

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| 1. PLACE OF DEATH a. COUNTY <u>Harrison</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Bethany</u> | | c. CITY OR TOWN <u>Bethany</u> | d. Is Residence within limits of a city or incorporated town? Yes <u>100</u> No <u>0</u> |
| c. LENGTH OF STAY (in this place) | | e. STREET ADDRESS (If rural, give location) <u>Bethany Twp. Rural</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Rid Hospital</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Martha</u> b. (Middle) <u>Ann</u> c. (Last) <u>Witaker</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>9-19-54</u> | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>4-11-1857</u> |
| 9. AGE (in years last birthday) <u>97</u> | | 10. MONTHS <u>5</u> | 11. DAYS <u>8</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u> | 11. BIRTHPLACE (City, State or Foreign Country) <u>Harrison County Mo.</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | | |

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| 13a. FATHER'S NAME <u>John Lewis</u> | | 13b. MOTHER'S MAIDEN NAME <u>Jane Justice</u> | | 14. NAME OF HUSBAND OR WIFE <u>John M.</u> | |
| 15. HAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Lewis Whitaker</u> ADDRESS <u>Bethany Mo.</u> | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage</u> | | DUE TO (b) <u>Carcinoma sigmoid</u> | | <u>1 week</u> | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | DUE TO (c) | | | |
| II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) | | ANTECEDENT CAUSES (Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.) | | <u>6 mos</u> | |

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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>153X</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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 10-20 1953, to 9-19, 1954, that I last saw the deceased alive on 9-19, 1954, and that death occurred at 7 1/2 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>William H. Thayer MD</u> | | 23b. ADDRESS <u>Bethany MO</u> | | 23c. DATE SIGNED <u>9-20-54</u> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>9-21-54</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Monson</u> | | 24d. LOCATION (City, town, or county) (State) <u>Bethany Mo.</u> | |
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| DATE REC'D BY LOCAL REG. <u>9/22/54</u> | | REGISTRAR'S SIGNATURE <u>Zola Buerie</u> <u>116-0</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W.M. Jones</u> ADDRESS <u>Bethany Mo.</u> | |
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

OCT 1 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..... *M. S. Jones*

Licensed Embalmer No. *389*

P. O. Address *Bethany*

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.