

FILED FEB 14 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **795**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 497 Registrar's No. 27

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Gentry</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Mo.</u> b. CITY <u>Gentry</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Stanberry Gentry</u> |  | c. LENGTH OF STAY (in this place)<br><u>5 Yrs.</u>   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>302 West 3rd. St.</u>                             |  | e. STREET ADDRESS (If rural, give location)<br><u>West 3rd. St.</u>  |  |

|   |                                  |  |  |
|---|----------------------------------|--|--|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Mrs. Amanda Elizabeth</u> b. (Middle) <u>Witham</u> c. (Last) _____ |                                  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>Feb. 7 1955</u>   |  |
| 5. SEX<br><u>female</u>   | 6. COLOR OR RACE<br><u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>widow</u>   | 8. DATE OF BIRTH<br><u>June 14 1873</u>  |
| 9. AGE (In years last birthday)<br><u>81</u>  |                                  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u> | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Near Ravenwood, Mo.</u> |
| 10a. USUAL OCCUPATION   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>At Home</u>  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U. S. A</u>                                   |

|  |   |   |
|--|---|---|
| 13a. FATHER'S NAME<br><u>Elam Smith</u>  | 13b. MOTHER'S MAIDEN NAME<br><u>Jane Holmes</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Joseph Witham Deceased</u>          |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u> | 16. SOCIAL SECURITY NO.<br><u>None</u>          | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Mrs. L. V. West Stanberry</u> |

|  |  |  |  |                                  |
|--|--|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>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>Cardiovascular disease</u>   |  | DUPLICATE OF (b) <u>arteriosclerosis</u> |  | <u>years</u>                     |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. |  | DUPLICATE OF (c) <u>unknown</u>          |  | <u>years</u>                     |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.            |  | <u>Broncho pneumonia</u>                 |  | <u>1 wk</u>                      |

|  |  |   |
|--|--|---|
| 19a. DATE OF OPERATION                   | 19b. MAJOR FINDINGS OF OPERATION<br><u>4221</u>  | 20. AUTOPSY?<br>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) m. | 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 8-25, 1954, to 2-7, 1955, that I last saw the deceased alive on 2-6, 1955, and that death occurred at 6.30 a.m. from the causes and on the date stated above.

|  |                                  |  |   |
|--|----------------------------------|--|---|
| 23a. SIGNATURE<br><u>Clara L. Berlin</u>                   | (Degree or title)<br><u>M.D.</u> | 23b. ADDRESS<br><u>Stanberry, Mo.</u>                    | 23c. DATE SIGNED<br><u>2-9-55</u>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>burial</u> | 24b. DATE<br><u>2/9/55</u>       | 24c. NAME OF CEMETERY OR CREMATORY<br><u>I. O. O. F.</u> | 24d. LOCATION (City, town, or county) (State)<br><u>Ravenwood Nodaway Mo.</u> |

|   |   |                         |  |                                  |
|---|---|-------------------------|--|----------------------------------|
| DATE REC'D BY LOCAL REG.<br><u>Feb 9 - 1955</u> | REGISTRAR'S SIGNATURE<br><u>Maudie Williams</u> | 462-<br><u>462-2479</u> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>John Phillips</u> | ADDRESS<br><u>Stanberry, Mo.</u> |
|---|---|-------------------------|--|----------------------------------|

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

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..... *Ledy A. Phillips*

Licensed Embalmer No. 189

P. O. Address *Stoughton*

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.