

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **2003**

FILED FEB 14 1955

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>41</u>	
1. PLACE OF DEATH a. COUNTY <u>PETTIS</u> <u>08040</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>PETTIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>SEDALIA</u>		c. LENGTH OF STAY (In this place) <u>9 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>SEDALIA</u> <u>08040</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BOTHWELL MEM. HOSP.</u>				d. STREET ADDRESS (If rural, give location) <u>901 SOUTH MONITEAU</u>			
3. NAME OF DECEASED (Type or Print) <u>ELEANOR MAE WITCHER</u>		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH <u>FEB 8 1955</u>		(Month)		(Day)		(Year)	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JUNE 19, 1914</u>	
9. AGE (In years, last birthday) <u>40</u>		10. KIND OF BUSINESS OR INDUSTRY <u>HOUSE WIFE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>KINGFISHER OKLAHOMA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>C. FRED BOETJER</u>		13b. MOTHER'S MAIDEN NAME <u>EDNA EICKLOR</u>		14. NAME OF HUSBAND OR WIFE <u>WILLIAM B. WITCHER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>486-36-151</u>		17. INFORMANT'S SIGNATURE OR NAME <u>WILLIAM WITCHER</u> ADDRESS <u>SEDALIA, MO</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma, left breast</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Unknown</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>170 X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>	
19a. DATE OF OPERATION <u>5/28/54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of left breast capillary metastases</u>				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (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 ☐ NOT WHILE AT WORK ☒		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>5/21/54</u> , 19 <u>54</u> , to <u>2/8/55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>2/8/55</u> , 19 <u>55</u> , and that death occurred at <u>8:00 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John E. Rainey MD</u>		(Degree or title)		23b. ADDRESS <u>Sedalia Mo</u>		23c. DATE SIGNED <u>2/10/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB 10, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CROWN HILL</u>		24d. LOCATION (City, town, or county) (State) <u>SEDALIA MO</u>	
DATE REC'D BY LOCAL REG. <u>2-10-55</u>		REGISTRAR'S SIGNATURE <u>Lavina Evans</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin Bros</u>		ADDRESS <u>SEDALIA, MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

9561 6 NOT

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 _____

KPM Lray

Licensed Embalmer No. *3153*

P. O. Address *Sadler 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.

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