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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5186**
895

FILED MAR 15 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 11 yrs		STREET ADDRESS (If rural, give location) 5225 Wilburn Court 3228 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Joseph's Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) C c. (Last) WITTHAR			4. DATE OF DEATH (Month) (Day) (Year) 2/24/55			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 1/25/1904	9. AGE (In years) last birthday 51	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pattern stamper		10b. KIND OF BUSINESS OR INDUSTRY Ford Air Craft Co	11. BIRTHPLACE (City and State or Foreign Country) Higginsville, Mo. 0		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME Henry Witthar		13b. MOTHER'S MAIDEN NAME Barbara Wick		14. NAME OF HUSBAND OR WIFE Stella Witthar	
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. 487-16-9377		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. STELLA Witthar, 5224 Wilburn Court	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of rectum.			INTERVAL BETWEEN ONSET AND DEATH 154X
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) Extensive metastasis.			

19a. DATE OF OPERATION 2 months ago		19b. MAJOR FINDINGS OF OPERATION Ca of rectum			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 **Nov 20, 1954** to **Feb 24, 1955**, that I last saw the deceased alive on **Feb 24, 1955** and that death occurred at **12:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edw. H. ...		23b. ADDRESS 324 E 11th St. KC Mo		23c. DATE SIGNED 2/25/55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/26/55		24c. NAME OF CEMETERY OR CREMATORY Mt Olivet		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
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DATE REC'D BY LOCAL REG. 2-26-55		REGISTRAR'S SIGNATURE neval ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John P. Sheil, K. C. Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
E. N. Gentry

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 *John P. Sheil*.....

Licensed Embalmer No. *36*.....

P. O. Address *6605 J*.....

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.