

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22469  
3020

State File No. ....

FILED AUG 3 - 1955

BIRTH NO. _____		REG. DIST. NO. <u>144</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. LENGTH OF STAY (in this place) <b>9 Days</b>		c. CITY OR TOWN <b>INDEPENDENCE</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Research Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>RURAL 3700 NORTHERN BLVD.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>ANNA</b>			b. (Middle) <b>MATILDA</b>		c. (Last) <b>WITTHAR</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 15 1955</b>
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>		8. DATE OF BIRTH <b>13 Feb. 1894</b>	9. AGE (In years last birthday) <b>61</b>	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>JACKSON COUNTY, MISSOURI.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>FRED. W. WITTHAR</b>			13b. MOTHER'S MAIDEN NAME <b>GARRIE A. BARTMAN</b>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>W.O. WITTHAR R.R. #5 Independence, Mo.</b>			
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) <b>adenocarcinoma of the colon</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>adenocarcinoma of colon</b>  DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH <b>unknown</b>  <b>11 hours</b>  <b>unknown</b>	
19a. DATE OF OPERATION <b>7/14/55</b>		19b. MAJOR FINDINGS OF OPERATION <b>adenocarcinoma of the colon</b>				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) 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 <u>6/30</u> , 1955, to <u>7/15</u> , 1955, that I last saw the deceased alive on <u>7/15</u> , 1955, and that death occurred at <u>7 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <b>John A. Flatley M.D.</b>				23b. ADDRESS <b>Raytown, Mo.</b>		23c. DATE SIGNED <b>7/15/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>18 July 55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>FLORAL HILLS</b>		24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY, MISSOURI</b>		
DATE REC'D BY LOCAL REG. <b>7-15-55</b>		REGISTRAR'S SIGNATURE <b>Neva Minshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>FLORAL HILLS MEMORIAL CHAPELS K.C. Mo.</b>			

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

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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 *[Handwritten Signature]*.....

Licensed Embalmer No. *485*.....

P. O. Address *H. C.*.....

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.