

FILED AUG 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26721

State File No.

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 115

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| 1. PLACE OF DEATH a. COUNTY Jasper | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper | |
| b. CITY (If outside corporate limits, write RURAL and give town) Webb City | c. LENGTH OF STAY (in this place) 18 Yrs. | c. CITY OR TOWN Webb City | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Jane Chinn Hospital | | STREET ADDRESS (If rural, give location) 402 N. Pennsylvania Ave. | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Ida b. (Middle) S. c. (Last) Witt | 4. DATE OF DEATH (Month) (Day) (Year) Aug. 16, 1955 | | | | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH 6-23-1876 | 9. AGE (In years) (last birthday) 79 | IF UNDER 1 YEAR Months 1 Days 23 | IF UNDER 11 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Reg. Nurse | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Lamine Co. Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | | |

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| 13a. FATHER'S NAME Andrew C. Tarrant | 13b. MOTHER'S MAIDEN NAME Mary E. Dills | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME Harry Tarrant ADDRESS 108 S. Pennsylvania Webb City, Mo. |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 12 days 2 yrs. |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage | ANTECEDENT CAUSES Hypertension | |
| | 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) | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from Feb, 1955, to Aug 16, 1955, that I last saw the deceased alive on Aug 15, 1955, and that death occurred at 8:20A.m., from the causes and on the date stated above.

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| 23a. SIGNATURE [Signature] (Degree or title) M.D. | 23b. ADDRESS 222 S. Webb St. Webb City, Mo. | 23c. DATE SIGNED 8-16-55 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 8-18-55 | 24c. NAME OF CEMETERY OR CREMATORY Webb City Cemetery | 24d. LOCATION (City, town, or county) (State) Webb City, Mo. |
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| DATE REC'D BY LOCAL REG. 8-18-55 | REGISTRAR'S SIGNATURE Ms. Madeline Suter | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Johnston-Arnce-Simpson, Webb City, Mo. Mortuary |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

County File Number
Date Filed
AUG 23 1955

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 *Jack C. Simpson*

Licensed Embalmer No. 464

P. O. Address *Webb City*

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.