

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24423

State File No.

FILED JUL 30 1956

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 246

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		c. LENGTH OF STAY (In this place) <u>5 days</u>	c. CITY OR TOWN <u>Hannibal</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Allie</u> b. (Middle) <u>May</u> c. (Last) <u>Witthouse</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7 - 21 - 1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1-22-1914</u>
9. AGE (In years last birthday) <u>42</u>		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Hawk Point, Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machine Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Marble Head Line</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
13a. FATHER'S NAME <u>Herman</u>		13b. MOTHER'S MAIDEN NAME <u>Edith Hewett</u>	14. NAME OF HUSBAND OR WIFE <u>Maleta Witthouse</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>Yes WW No 2</u>		16. SOCIAL SECURITY NO. <u>490-07-7086</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hannibal, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Post Op hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs.</u> ANTECEDENT CAUSES DUE TO (b) <u>Colon resection</u> <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (c) <u>Carcinoma of ascending, transverse colon, duodenum and pylorus</u> II. OTHER SIGNIFICANT CONDITIONS <u>Hydronephrosis</u> Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>7-21-56</u>		19b. MAJOR FINDINGS OF OPERATION <u>159x</u>	
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) <u>Hannibal Marion Missouri</u>			
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 <u>5-11-56</u> 19 <u>19</u> , to <u>7-21-56</u> , 19 <u>19</u> , that I last saw the deceased alive on <u>7-21-56</u> , 19 <u>19</u> , and that death occurred at <u>4:00P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J. H. Watterscheid M.D.</u> (Degree or title)		23b. ADDRESS <u>508 Broadway, Hannibal, Mo.</u>	
23c. DATE SIGNED <u>7-24-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-24-1956</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Grand View Burial Park Hannibal, Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7/25/56</u>		REGISTRAR'S SIGNATURE <u>W. O. Luke, Reg. H. G. Fisher</u>	
25. EMERALD DIRECTOR'S SIGNATURE <u>W. O. Luke</u>		ADDRESS <u>Hannibal, Mo.</u>	

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

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RECEIVED JUL 26 1956
MARION CO. HEALTH DEPT.
DATE FILED JUL 26 1956

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.....
Ralph Clark

Licensed Embalmer No. 4217.....

P. O. Address.....annibal, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.