

FILED SEP 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27326

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 153

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Prairie		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blue Springs	
c. LENGTH OF STAY (in this place) 25 days		d. STREET ADDRESS (If rural, give location) 106 N. 16	
d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION Jackson County Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) Sarah	b. (Middle) J	c. (Last) Witt	4. DATE OF DEATH (Month) (Day) (Year) Sept. 1 - 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 7 - 1878	9. AGE (In years last birthday) 78	UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) West Va	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Thomas B Witt	13b. MOTHER'S MAIDEN NAME Nancy Weatherford	14. NAME OF HUSBAND OR WIFE
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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. None	17. INFORMANT'S SIGNATURE OR NAME Sally Witt	ADDRESS Blue Springs 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UREMIA ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Chronic Renal Disease		INTERVAL BETWEEN ONSET AND DEATH
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio Sclerotic Heart Disease		

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 **8-16-56**, to **9-1-56**, that I last saw the deceased alive on **9-1-56**, and that death occurred at **8:45** m., from the causes and on the date stated above.

23a. SIGNATURE Paul Wagoner MD	(Degree or title)	23b. ADDRESS Jackson County Hosp	23c. DATE SIGNED 9-1-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-3-1956	24c. NAME OF CEMETERY OR CREMATORY Blue Springs	24d. LOCATION (City, town, or county) (State) Blue Springs Mo
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DATE REC'D BY LOCAL REG Sept 4 - 1956	REGISTRAR'S SIGNATURE D. B. Langford	25. FUNERAL DIRECTOR'S SIGNATURE Webb Funeral Home	ADDRESS Blue spgs Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

830

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 ROBERT B

Licensed Embalmer No. 2357

P. O. Address Blue Springs 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.