

FILED JAN 14 1957

## STANDARD CERTIFICATE OF DEATH

42200

State File No. ....

BIRTH NO. 124 REG. DIST. NO. 215 PRIMARY REG. DIST. NO. 5783 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>Orvil Earl Witt: Miller Co</u>			2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> COUNTY <u>Miller</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brumley-</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Brumley</u>		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 <u>Home GLAIZE TWP.</u>			e. STREET ADDRESS (If rural, give location) <u>Glaize twp</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Orvil</u> b. (Middle) <u>Earl</u> c. (Last) <u>Witt</u>			4. DATE OF DEATH (Month) <u>Dec</u> (Day) <u>17</u> (Year) <u>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>10/2/1907</u>	9. AGE (In years) <u>49</u> Last birthday	IF UNDER 1 YEAR Months Days	IF UNDER 48 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Brumley, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>James William Witt</u>		13b. MOTHER'S MAIDEN NAME <u>Fronia Duncan Witt</u>		14. NAME OF HUSBAND OR WIFE <u>Melvina Luttrell Witt</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Verdie Shelton Brumley, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES <u>Cardio-renal Vascular disease</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> <u>second year</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>442X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>June 1954</u> to <u>Dec</u> , 1956, that I last saw the deceased alive on <u>Dec 15</u> , 1956, and that death occurred at <u>5:30 P.M.</u> from the causes and on the date stated above.						
23a. SIGNATURE <u>M. E. Humphrey D.O.</u> (Degree or title)		23b. ADDRESS <u>Tuscumbia, Mo.</u>		23c. DATE SIGNED <u>12-19-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-19-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Union</u>	24d. LOCATION (City, town, or county) (State) <u>Miller Co. Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Dec. 28, 1956</u>	REGISTRAR'S SIGNATURE <u>Jessie Perkins</u>		25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hedges Funeral Home Inc Iberia, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

1956

RECEIVED

JAN 3 '57

Miller County  
Health Department

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 *Walter D. Heager*.....

Licensed Embalmer No. *42*.....

P. O. Address *Genoa, 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.