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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 1520

FILED FEB 4 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 283

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION: 6642 PROSPECT AVENUE — Length of stay in this place: 31 YEARS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 6642 PROSPECT AVENUE — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: JOHN Middle: EARL Last: WITT
4. DATE OF DEATH: Month JAN. Day 17 Year 1957
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: JUNE 12 1878
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED 9 YRS. CHAUFFEUR
10b. KIND OF BUSINESS OR INDUSTRY: BOARD OF EDUCATION SCHOOL DISTRICT
11. BIRTHPLACE (City and state or country): LEBANON INDIANA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: W. W. WITT
14. MOTHER'S MAIDEN NAME: MARGARET ELLEN —
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.: 495-20-2174
17. INFORMANT: MRS. ROSA MAY CROSS WITT — Address: 6642 PROSPECT AVE KANSAS CITY MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 30 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertension
DUE TO (c): — 331/X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY: Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from Dec 20 56, to Jan 17 57 and last saw her/him alive on Jan 16 57
Death occurred at 7:00 A. m on the date stated above, and to the best of my knowledge from the causes stated.
22a. SIGNATURE: W. D. Stipe M.D. (Degree or title)
22b. ADDRESS: 1323 Waldheim Bldg. K.C. Mo.
22c. DATE SIGNED: 1/18/57
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: JAN. 19 1957
23c. NAME OF CEMETERY OR CREMATORY: MT. MORIAH CEMETERY
23d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR: D.W. NEWCOMER'S SONS — ADDRESS: 1331 BRUSH CREEK KANSAS CITY MO.
25. DATE RECD. BY LOCAL REG.: 1-19-57
26. REGISTRAR'S SIGNATURE: Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Chester L Bra

Licensed Embalmer No. 4

P. O. Address KC

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.