FILED MAR 20 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8974

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 869

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, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes X No ☐	c. CITY OR TOWN Kansas City — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Gen'l Hosp. #1 — Length of stay in 16 years	d. STREET ADDRESS (If outside, give location) 3322 Wabash — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print)	First: Callie	Middle:	Last: Witten	4. DATE OF DEATH	Month: 2 Day: 21 Year: 1957
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH: May 12 1865	9. AGE (In years last birthday): 91	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): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Home	11. BIRTHPLACE (City and state or country): Illinois	12. CITIZEN OF WHAT COUNTRY? U S A		
13. FATHER'S NAME: William P. Humphrey	14. MOTHER'S MAIDEN NAME: Albina Majors				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): x	16. SOCIAL SECURITY NO.: None	17. INFORMANT: Mrs Maude Gallup	Address: 3322 Wabash		

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) Congestive heart failure

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____

INTERVAL BETWEEN ONSET AND DEATH: E 9050 20

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Fracture of right hip

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) fell on floor.

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year 12-4-56

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.) Home

20f. CITY, TOWN, OR LOCATION Kansas City COUNTY Jackson STATE Mo.

21. I attended the deceased from Dec. 4, 1956, to Feb. 21, 1957 and last saw her alive on Feb. 21, 1957

Death occurred at 1 : 35 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B. L. Burns (Degree or title) [signature] M.D.

22b. ADDRESS 24th & Cherry

22c. DATE SIGNED 2-21-1957

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Feb 23 1957	23c. NAME OF CEMETERY OR CREMATORY: Maple Grove Cemetery	23d. LOCATION (City, town, or county) (State): Trenton Missouri
24. FUNERAL DIRECTOR: Wilks Funeral Home	ADDRESS: 2315 Linwood	25. DATE RECD. BY LOCAL REG.: 2-22-57	26. REGISTRAR'S SIGNATURE: Neva Minsball

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Chas E. Wilks

Licensed Embalmer No. 26

P. O. Address K. C. M.

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.