

FILED OCT 1 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31385

STATE FILE NUMBER

Registration District No. 118 Primary Registration District No. 5440 Registrar's No. 28

| | | | |
|--|-------------------------------|---|---------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Gasconade</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural Clay Township</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | c. CITY OR TOWN <u>Rural (Clay Township)</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2 mi. East of Bland Mo</u> Length of stay in lb | | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>Edward</u> Middle <u>JOHN</u> Last <u>WITTRICK</u> | | 4. DATE OF DEATH Month <u>Sept</u> Day <u>19</u> Year <u>1957</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>July 1 - 1891</u> |
| 9. AGE (In years last birth day) <u>66</u> | | 10. IF UNDER 1 YEAR Months <u>6</u> Days <u>12</u> Hours <u>24</u> Min. <u>0</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Gasconade County - Mo</u> | |
| 11. BIRTHPLACE (City and state or country) <u>U.S.A.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13. FATHER'S NAME <u>Henry Wittrick</u> | | 14. MOTHER'S MAIDEN NAME <u>Agusta Doers</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>351-16-9868</u> | |
| 17. INFORMANT <u>Albert Wittrick - Hermann - Mo</u> | | Address | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>HIT BY AUTO</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>WALKING ON HIGHWAY 28 - 1/2 mi. EAST OF BLAND</u> DUE TO (c) <u>8124</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>25</u> | | | |
| INTERVAL BETWEEN ONSET AND DEATH | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| MEDICAL CERTIFICATION | | | |
| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>WALKING ON WRONG SIDE OF HIGHWAY</u> | |
| 20c. TIME OF INJURY Hour <u>1:30</u> a. m. <u>9</u> Month <u>9</u> Day <u>19</u> Year <u>57</u> | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>PUBLIC HIGHWAY</u> | |
| 20f. CITY, TOWN, OR LOCATION <u>1/2 mi. EAST OF BLAND</u> | | COUNTY <u>Mo</u> STATE <u>Mo</u> | |
| 21. I attended the deceased from <u>1:30</u> to <u>1:30</u> and last saw her alive on <u>9/19/57</u> Death occurred at <u>1:30</u> a. m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Hugost H. Dummer CORONER</u> | | 22b. ADDRESS <u>HERMANN Mo</u> | |
| 22c. DATE SIGNED <u>9/19/57</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 23b. DATE <u>Sept 21-57</u> | |
| 23c. NAME OF CEMETERY OR CREMATORY <u>Old Bland Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>BLAND Gasconade County - Mo</u> | |
| 24. SUNDAY DIRECTOR <u>Chas. Gasconade</u> | | 25. DATE REC'D. BY LOCAL REG. <u>9-21-1957</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Mrs. Velma Winter</u> | | | |

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 *Cherita Sessman*

Licensed Embalmer No. *41*

P. O. Address *Blount*

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.