

FILED FEB 4 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4248

STATE FILE NUMBER

Registration District No. 362 Primary Registration District No. 4533 Registrar's No. 6

300
-57

1. PLACE OF DEATH a. COUNTY <u>Warren</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Wright City</u>		c. CITY OR TOWN <u>Wright City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>Oscar</u> <u>Witthaus</u>			4. DATE OF DEATH Month <u>Jan</u> Day <u>23</u> Year <u>1958</u>		
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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 type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept 1 1884</u>	9. AGE (In years) <u>73</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Leather Factory</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Bates Co MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Henry S Witthaus</u>	13b. MOTHER'S MAIDEN NAME <u>Heneriette Kallmeyer</u>	14. NAME OF HUSBAND OR WIFE <u>Sallie Witthaus</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, never unknown) (If yes, give year or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>49 3-01-0223</u>	17. INFORMANT <u>Sallie Witthaus</u>	Address <u>Wright City MO</u>
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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>Cerebral Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Bronchitis</u> DUE TO (c) <u>(Verdict of Coroner jury)</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input 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>4201</u>
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20c. TIME OF INJURY Hour <u>7:40</u> a.m. <u>0</u> p.m. <u>0</u>	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Wright City Warren Mo</u>	20f. CITY, TOWN, OR LOCATION <u>Wright City Warren Mo</u>	COUNTY <u>Warren</u>	STATE <u>Mo</u>
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21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>7:40</u> <u>P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>D. H. Krugge</u> (Degree or title) <u>3</u>	22b. ADDRESS <u>Warrington Mo</u>	22c. DATE SIGNED <u>Jan 23 58</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1/26/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Wright City Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Wright City Missouri</u>
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24. FUNERAL DIRECTOR <u>Nieburg Furn & Und CO</u>	ADDRESS <u>Wright City</u>	25. DATE RECD. BY LOCAL REG. <u>JAN. 28. 1958</u>	26. REGISTRAR'S SIGNATURE <u>Lloyd Logan</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

FEB 13 1958

MAR 4 1958

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, ~~of~~ by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Julius J. Dieburg*

Licensed Embalmer No. *3366*

P. O. Address *Wright City*

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.