

FILED APR 28 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013370

STATE FILE NUMBER

Registration District No. **42** Primary Registration District No. **1000** Registrar's No. **434**

300
-57

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan <i>0117</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2519 Jackson		d. STREET ADDRESS (If outside, give location) 2519 Jackson	
3. NAME OF DECEASED (Type or print) First PAUL Middle JOSEPH Last WITTHOFF		4. DATE OF DEATH Month April Day 21 Year 1958	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 17, 1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Machinist		10b. KIND OF BUSINESS OR INDUSTRY Railroad Co.	11. BIRTHPLACE (City and state or country) Germany <i>4</i>
13a. FATHER'S NAME John Witthoff		13b. MOTHER'S MAIDEN NAME Emma unknown	14. NAME OF HUSBAND OR WIFE Catherine
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	17. INFORMANT Address Mrs. Paul Witthoff, 2519 Jackson, Wt. Joseph, Mo.
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, acute. DUE TO (b) Hypertension DUE TO (c) 331X Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Duodenal ulcer. Bilateral inguinal hernia. arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 9 years.
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.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT WORK <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.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from 12 Dec. '49 to 4-21-58 and last saw him alive on 12-18-'57 Death occurred at 7:30 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Thompson E. Potts M.D.		22b. ADDRESS 50 - Joseph, 54, Mo	22c. DATE SIGNED 4-21-58
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 4/23/1958	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	23d. LOCATION (City, town, or county) (State) St. Joseph Missouri
24. FUNERAL DIRECTOR Heaton Bowman ADDRESS St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. April 22 1958	26. REGISTRAR'S SIGNATURE Wm. Clark Seidell

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *William Spalding*

Licensed Embalmer No. *4635*

P. O. Address *2850 St. J. St.*

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.