

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014593

STATE FILE NUMBER

FILED APR 16 1958

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 167

300
1-57

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3700 Northern		Length of stay in lb 66 Yrs	d. STREET ADDRESS (If outside, give location) 3700 Northern		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First META Middle JOHANNAH Last WITTHAR			4. DATE OF DEATH Month 4 Day 6 Year 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan 22 1892	9. AGE (In years last birthday) 66	FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Jackson Co. Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A
13a. FATHER'S NAME Fredrick W. Wittkar		13b. MOTHER'S MAIDEN NAME Caroline Borgman		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No X X X X		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Miss Lydia Witthar 3700 Northern Blvd		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bilateral Lobar Pneumonia					INTERVAL BETWEEN ONSET AND DEATH 1 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Influenza					60r 7 Days
DUE TO (c) 480X					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cebreal Palsy-Birth					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.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Oct 10 1947 to 4-6-58 and last saw her alive on 4-5-58 Death occurred at 4:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Rutha R. Conner D.O.			22b. ADDRESS 10008 East 62nd. Raytown, Mo.		22c. DATE SIGNED 4-7-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-8-1958	23c. NAME OF CEMETERY OR CREMATORY Woodland Cemetery		23d. LOCATION (City, town, or county) (State) Independence Missouri
24. FUNERAL DIRECTOR ADDRESS Floral Hills Mem Chapels Inc K.C. MO			25. DATE RECD. BY LOCAL REG. 4-8-58	26. REGISTRAR'S SIGNATURE James Reid	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

APR 15 1958

Embalmer Commission
8662
Mo.

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 *D. J. Pofsienger*

Licensed Embalmer No. *3938*

P. O. Address *N. C. Mo.*

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.