

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-032907

FILED OCT 14 1958

Registration District No. 311 Primary Registration District No. 4456 Registrar's No. 32

300  
1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH COUNTY <u>St. Clair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St. Clair</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Appleton City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Appleton City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>None</u>			Length of stay in <sup>16</sup> <u>7 yr</u>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>KATHERINE FREDRICKA WITTE</u>				4. DATE OF DEATH Month <u>Oct</u> Day <u>6</u> Year <u>58</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 8 - 1983</u>	9. AGE (In years last birthday) <u>74</u>	10. IF UNDER 1 YEAR Months <u>11</u> Days <u>28</u>	11. IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	12. IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</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>	
13. FATHER'S NAME <u>William Bollwey</u>				14. MOTHER'S MAIDEN NAME <u>Anna Marie Knott</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>B494-14-3476</u>		17. INFORMANT <u>Carl Witte</u>			Address <u>Appleton Mo</u>
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>MYOCARDIAL INFARCTION</u>						INTERVAL BETWEEN ONSET AND DEATH <u>5 YEARS</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) <u>HYPERTENSIVE CARDIOVASCULAR DISEASE</u> <u>5 YEARS</u>		
						DUE TO (c) <u>DIABETES MELLITUS</u> <u>8 years</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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>260X</u>					
20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>								
20d. INJURY OCCURRED WHILE AT <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.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from <u>NOV 1954</u> to <u>Oct 6 1958</u> and last saw her alive on <u>Oct 4 1958</u> Death occurred at <u>11:00 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>Robert H. Brownshagen MD</u>				22b. ADDRESS <u>Appleton City Mo.</u>		22c. DATE SIGNED <u>Oct 8 1958</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)			
<u>BURIAL</u>		<u>10-8-58</u>	<u>Appleton City</u>		<u>Appleton City Mo.</u>			
24. FUNERAL DIRECTOR <u>Oscar Eckhoff</u>			ADDRESS <u>Appleton City Mo</u>		25. DATE REG. BY LOCAL REG. <u>Oct. 8, 1958</u>		26. REGISTRAR'S SIGNATURE <u>Elio Abney</u>	

**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 *Oscar Eckhoff*.....

Licensed Embalmer No. *39*.....

P. O. Address *Appleton*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.