

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004715

STATE FILE NUMBER

FILED FEB 16 1959

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Fulton Rt. 1 TOWN Fulton Rt. 1		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Fulton Rt. 1 C140 Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Callaway Hosp.		Length of stay in lb 1 Month	d. STREET ADDRESS Route 1 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Green Berry Witt			4. DATE OF DEATH Feb. 11, 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 2, 1871
9. AGE (In years and birthday) 87		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Callaway Co. Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Daniel Witt	
14. MOTHER'S MAIDEN NAME Rebecca Pratt		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. None		17. INFORMANT Leo Witt Address Rt. 1, Fulton, 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) Myocardial Failure DUE TO (b) Myocardial Regeneration DUE TO (c) _____ 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) Fract. Rt. Hip			INTERVAL BETWEEN ONSET AND DEATH 12 hrs. 10 yrs.
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.) Fell at home		20c. TIME OF INJURY Hour ? Month Jan Day 9 Year 1959 a. m. ? p. m. ?	
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.) Home	20f. CITY, TOWN, OR LOCATION Callaway Co Mo
20g. COUNTY Callaway		20h. STATE Mo	
21. I attended the deceased from Jan 1959 to death and last saw her alive on Feb. 11, 1959 Death occurred at 3:00 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John D. Brown M.D.		22b. ADDRESS Fulton, Mo	22c. DATE SIGNED 2-13-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1959 Feb. 12, 1959	23c. NAME OF CEMETERY OR CREMATORY Mokane Cemetery	23d. LOCATION (City, town, or county) (State) Callaway County, Mo.
24. FUNERAL DIRECTOR Maugins Funeral Home, Fulton, Mo		25. DATE RECD. BY LOCAL REG. Feb. 13, 1959	26. REGISTRAR'S SIGNATURE Maretta Lawrence

USE ONLY BLACK INK OR RIBBON INK BY OFF. REG. STAMP
MEDICAL CERTIFICATION
Stem 33b Complete by off. H Reg. Stmp

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signature *Marshall C. Black*

Licensed Embalmer No. *4*

P. O. Address *Fulton*

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.