

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005784

FILED VS FEB 23 1960

Registration District No. 118

Primary Registration District No. 5440

Registrar's No. 5

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural (Clay Township)</u>		Length of stay in lb <u>70 yrs</u>		c. CITY OR TOWN <u>R.F.D #1 Bland</u>		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At Home - R.F.D #1 Bland</u>		Inside Limits Yes ☐ No ☒		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Charles</u> Last <u>Witte</u>				4. DATE OF DEATH Month <u>Feb</u> - Day <u>8</u> - Year <u>1960</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐		8. DATE OF BIRTH <u>Feb-24-1887</u>	
9. AGE (last birthday) <u>73</u>		IF UNDER 1 YEAR Months <u>73</u> Days <u>73</u> Hours <u>73</u> Min. <u>73</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u>	
11. BIRTHPLACE (City and state or country) <u>Osage County - Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		13a. FATHER'S NAME <u>Wilhelm Witte</u>		13b. MOTHER'S MAIDEN NAME <u>Jena Meyers</u>	
14. NAME OF HUSBAND OR WIFE <u>CORA WITTE</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Ellie Garstang - Belle - 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>Cardiac Arrest</u> DUE TO (b) <u>CARDIAC ANNOXIA</u> DUE TO (c) <u>CORONARY OCCLUSION</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				INTERVAL BETWEEN ONSET AND DEATH <u>7 min</u> <u>2 days</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>CARDIAC decompensation</u>				PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown			
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒		20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <u>1</u> a.m. <u>22</u> p.m. Month, Day, Year <u>1-22-60</u>		20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Bland, Mo</u>	
20g. COUNTY <u>Gasconade</u>		20h. STATE <u>Mo</u>		21. I attended the deceased from <u>1-22-60</u> to <u>2-8-60</u> and last saw him alive on <u>2-7-60</u> Death occurred at <u>2:35</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Wm. Fedke</u>		(Degree or title)		22b. ADDRESS <u>Bland, Mo</u>		22c. DATE SIGNED <u>2/10/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		23b. DATE <u>2-11-1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Howard Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Gasconade County - Mo.</u>	
24. FUNERAL DIRECTOR <u>Sam Sams</u>		Address <u>Bland - Mo</u>		25. DATE RECD. BY LOCAL REG. <u>February 12, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Marvin Jappmeyer</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 18 1962

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed

Chester Sussman

Licensed Embalmer No.

4178

P. O. Address

Blanch

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.