

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-001717

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 223

STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Wisc. b. COUNTY unknown			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City, Mo		Length of stay in lb 4 Wks.		c. CITY OR TOWN Monticello		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's (D.O.A.)			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) unknown		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Ernest Middle M. Last Wittwer			4. DATE OF DEATH Month Jan Day 13 Year 1961				
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 10-18-1885	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-owner			10b. KIND OF BUSINESS OR INDUSTRY Retail Cheese Store	11. BIRTHPLACE (City and state or country) Postville Wisc.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME - Gotfried Wittwer			13b. MOTHER'S MAIDEN NAME Lena Dick		14. NAME OF HUSBAND OR WIFE Harriett Wittwer		
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 Address Son- John R. Wittwer - 6719 Cleveland				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Arteriosclerotic Cardio Vascular disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CHRONIC PULMONARY EMPHYSEMA					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 _____ a.m. _____ p.m. Month, Day, Year _____	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 12-17-60 to 1-13-61 and last saw her/him alive on 1-7-61 Death occurred at 1:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Joseph E. Johnson M.D.			22b. ADDRESS 5100 E 24th KANSAS CITY, MO.			22c. DATE SIGNED 1-25-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1-14-61	23c. NAME OF CEMETERY OR CREMATORY unknown		23d. LOCATION (City, town, or county) Monticello, Wisc.		(State)	
24. FUNERAL DIRECTOR Mellody-McGilley-Eylar (L. & W.)			ADDRESS	25. DATE RECD. BY LOCAL REG. 1-14-61	26. REGISTRAR'S SIGNATURE Ruth Long		

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DATE AMENDED
 DOCUMENT
 JOSEPH E. JOHNSON MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

*To V.S. to replace
those with error.*

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 James C. Hackler

Licensed Embalmer No. 4523

P. O. Address K. E. 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.

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