MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

61-021952
STATE FILE NUMBER

AMENDED

Registration District No. 224 Primary Registration District No. 5796 Registrar's No. 50

FILED JUN 21 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Moniteau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: California, Mo Walker — Length of stay in 1b: 7 Yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Home- Rt # 3 — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Moniteau
c. CITY OR TOWN: California, Mo — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rt # 3 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Lucile Middle: May Last: Wittenberger
4. DATE OF DEATH: Month: June Day: 15 Year: 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11/30/24
9. AGE (last birthday): 36
IF UNDER 1 YEAR: Months 6 Days 16 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and state or country): Jamestown, Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Albert Schoenthal
13b. MOTHER'S MAIDEN NAME: Louise Schoeneberg
14. NAME OF HUSBAND OR WIFE: Kenith E. Wittenberg.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
17. INFORMANT: Kenneth E. Wittenberger Address: California Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
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 a.m. p.m. Month, Day, Year
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 COUNTY STATE

21. I attended the deceased from 10 June '61, to 15 June '61 and last saw her/him alive on 15 June '61
Death occurred at 3 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: A. P. Stephan, M.D. (Degree or title)
22b. ADDRESS: Jefferson City Mo
22c. DATE SIGNED: 16 June '61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6/17/61
23c. NAME OF CEMETERY OR CREMATORY: City Cemetery
23d. LOCATION (City, town, or county) (State): California, Mo
24. FUNERAL DIRECTOR ADDRESS: Bowlin Funeral Home-California, Mo
25. DATE RECD. BY LOCAL REG.: 6-18-61
26. REGISTRAR'S SIGNATURE: Nelle L Popejoy

(Licensed Embalmer's Statement on Reverse Side)

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 John R. Bowlin, Student Embalmer No. 614 working under my personal supervision.

Student John R. Bowlin
Signature of Student Embalmer

Signed Jack H. Bowlin

Licensed Embalmer No. 4933

P. O. Address California, 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.