

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032431

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 118

Primary Registration District No. 4190

Registrar's No. 30

STATE FILE NUMBER

FILED OCT 13 1961

1. PLACE OF DEATH a. COUNTY <u>Ascanonde</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Ascan.</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Blond</u>		c. CITY OR TOWN <u>Blond</u>	
Length of stay in 1b <u>45 yrs</u>		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>AT home</u>		d. STREET ADDRESS (If outside, give location) <u>AT home</u>	
Reside on Farm Yes ☐ No ☒			
3. NAME OF DECEASED (Type or print) First <u>Herman J.</u> Middle <u>Wittrock</u> Last <u>Wittrock</u>		4. DATE OF DEATH Month <u>Oct</u> Day <u>4</u> Year <u>1961</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐		8. DATE OF BIRTH <u>Jan 22-1887</u>	
9. AGE (last birthday) <u>74</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Custodian</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Public School</u>	
11. BIRTHPLACE (City and state or county) <u>Near Blond-Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Wittrock</u>		13b. MOTHER'S MAIDEN NAME <u>Agusta Doers</u>	
14. NAME OF HUSBAND OR WIFE <u>Amelie Wittrock</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>495-36-4249A</u>	
17. INFORMANT <u>Mrs. Amelie Wittrock - Blond-Mo</u>		Address <u>Blond-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>Adenocarcinoma of Prostate</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>with generalized Metastasis</u> 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 <u>11:45</u> to <u>1961</u> and last saw her/him alive on <u>10/8/61</u> . Death occurred at <u>11:45</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>James A. Sloan</u> (Degree or title)		22b. ADDRESS <u>Blond-Mo</u>	
22c. DATE SIGNED <u>10/6/61</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>10-7-61</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Old Blond Cemetery</u>		23d. LOCATION (City, town, or county) <u>Blond-Mo.</u>	
24. FUNERAL DIRECTOR <u>James A. Sloan</u>		25. DATE RECD. BY LOCAL REG. <u>October 7, 1961</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs. Maurine Jappner</u>			

(Licensed Embalmer's Statement on Reverse Side)

1961. 8 I 100
OCT 13 1961

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 Chester Sassman

Licensed Embalmer No. 4178

P. O. Address Blond-M

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.