MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-032591

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 894 C

FILED OCT 2 1961

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield
Length of stay in 1b: 18 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2306 North Taylor
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Springfield
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2306 North Taylor
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: JOSEPH Middle: HENRY Last: WITT

4. DATE OF DEATH Month, Day, Year: September 19, 1961

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: April 23, 1876
9. AGE (last birthday): 85
IF UNDER 1 YEAR / IF UNDER 24 HR: Months | Days | Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Railroader
10b. KIND OF BUSINESS OR INDUSTRY: Frisco Railroad
11. BIRTHPLACE (City and state or country): Richland, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Caleb Witt
13b. MOTHER'S MAIDEN NAME: Martha Lawson
14. NAME OF HUSBAND OR WIFE: Maria M. Witt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Maria M. Witt Address: 2306 N. Taylor Springfield 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) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: years
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): Diabetes Mellitus 25 yrs
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 March 1957, to 9-19-61 and last saw him alive on 9-18-61
Death occurred at 8:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [illegible] (Degree or title)
22b. ADDRESS Springfield Mo
22c. DATE SIGNED 9-21-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-21-61
23c. NAME OF CEMETERY OR CREMATORY: Enon Cemetery
23d. LOCATION (City, town, or county) (State): Polk County Missouri

24. FUNERAL DIRECTOR: Sidney J. Pitts ADDRESS: Bolivar Mo
25. DATE RECD. BY LOCAL REG.: 9-27-61
26. REGISTRAR'S SIGNATURE: Effie E. Moeller

(Licensee Embalmer's Statement on Reverse Side)

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

OCT 2 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 Larry R. Tillery, Student Embalmer No. 628 working under my personal supervision.

Student Larry R. Tillery
Signature of Student Embalmer

Signed Sidney J. Pitts

Licensed Embalmer No. 4939

P. O. Address Bolivar, 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.