

OURI DIVISION, OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041982

STATE FILE NUMBER

AMENDED

Registered District No.

278
FILED NOV 22 1961

Primary Registration District No.

3054

Registrar's No.

135

1. PLACE OF DEATH a. COUNTY Pike				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pike									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Louisiana		Length of stay in lb. 1 day		c. CITY OR TOWN Bowling Green		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pike County Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R.R. # 4		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First ELMER Middle W. Last WITTMER				4. DATE OF DEATH Month November Day 16, 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 11/9/80		9. AGE (last birthday) 81		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (City and state or country) Bowling Green, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Henry Wittmyer				13b. MOTHER'S MAIDEN NAME Mary Slavens				14. NAME OF HUSBAND OR WIFE Florence Wittmyer					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No						17. INFORMANT Address Bowling Green Mrs. Florence Wittmyer, Missouri							
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 peripheral circulatory collapse DUE TO (b) myocardial infarction DUE TO (c) Coronary Artery Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH 12 hrs. Indefinite			
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. <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 <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 11/16/61 a.m. 10:15 P. 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 11/16/61 to 11/16/61 and last saw him alive on 11/16/61 Death occurred at 10:15 P. m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>John D. Wolfe</i> (Degree or title)						22b. ADDRESS 214 W. Church, Bowling Green, Mo.		22c. DATE SIGNED 11/18/61					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/20/61		23c. NAME OF CEMETERY OR CREMATORY Mt. Pisgah Cemetery		23d. LOCATION (City, town, or county) Bowling Green, Missouri		(State)					
24. FUNERAL DIRECTOR Harold Kirks, Bowling Green, Mo.				ADDRESS		25. DATE RECD. BY LOCAL REG. Nov 20-61		26. REGISTRAR'S SIGNATURE <i>Bernice Collier</i>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Harold Kiser

Licensed Embalmer No. 4597

P. O. Address Bowling Green, I

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.