

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-047625

OFFICE OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 362 Primary Registration District No. 6237 Registrar's No. 57

FILED DEC 29 1961

1. PLACE OF DEATH a. COUNTY <u>Warren</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Warren</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hickory-Grove Twp</u>		Length of stay in 1b <u>8 MO</u>		c. CITY OR TOWN <u>Wright City</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mo. Youth Ranch</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Mo. Youth Ranch</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Raymond</u> Middle <u>Witt</u> Last <u>Witt</u>				4. DATE OF DEATH Month <u>Dec</u> Day <u>17</u> Year <u>1961</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>9/2/49</u>		9. AGE (last birthday) <u>12</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>		IF UNDER 24 HR Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>St. Louis MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					
13a. FATHER'S NAME <u>Leonard Witt</u>				13b. MOTHER'S MAIDEN NAME <u>Viola Schrum</u>				14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Rev. Wm. Beene, Wright City 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>Drowning</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Breaking through ice</u> DUE TO (c) <u> </u>										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)										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 checked="" 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.) <u>Breaking thro ice while skating</u>									
20c. TIME OF INJURY Hour <u> </u> Month <u>12</u> Day <u>17</u> Year <u>61</u> a.m. <u> </u> p.m. <u>6</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>From lake</u>		20f. CITY, TOWN, OR LOCATION <u>Wright City</u>		COUNTY <u>Warren</u>		STATE <u>MO</u>			
21. I attended the deceased from <u> </u> to <u> </u> and last saw her/him alive on <u> </u> . Death occurred at <u> </u> <u> </u> <u> </u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <u>E. H. Krugg, D.C. Owner</u>						22b. ADDRESS <u>Warrenton MO</u>			22c. DATE SIGNED <u>Dec. 18, 61</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12/20/61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem</u>			23d. LOCATION (City, town, or county) <u>St Louis MO</u>			(State)			
24. FUNERAL DIRECTOR <u>Allyanda & Son, 6175 Delmar Blvd.</u>					25. DATE RECD. BY LOCAL REG. <u>Dec. 19, 1961</u>		26. REGISTRAR'S SIGNATURE <u>Floyd Logan</u>						

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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James M. McCulloch

Licensed Embalmer No. 2966

P. O. Address 6145 P.M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
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.