

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001069

STATE FILE NUMBER

AMENDED

Registration District No. 119 Primary Registration District No. 5435 Registrar's No. 16

FILED FEB 15 1962

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Boeuff</u>		c. CITY OR TOWN <u>Rosebud Route 1</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rosebud Route 1</u>		d. STREET ADDRESS (If outside, give location) <u>Rosebud Route 1</u>	
3. NAME OF DECEASED (Type or print) First <u>ALBERT</u> Middle <u>HERMAN</u> Last <u>WITTE</u>		4. DATE OF DEATH Month <u>February</u> Day <u>6</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 7, 1899</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	
11. BIRTHPLACE (City and state or country) <u>Rosebud Route 1</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Herman Witte</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Weidmann</u>	
14. NAME OF HUSBAND OR WIFE <u>Ida Witte</u>		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>1193-112-98114</u>		17. INFORMANT <u>Mrs. Ida Witte, Rosebud Route 1</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>Cerebral Thrombosis, Acute</u> DUE TO (b) <u>Chronic Myocardial Degeneration</u> DUE TO (c) <u>Arteriosclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>1 Hour</u> <u>6 mos.</u> <u>6 mos +</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes Mellitus</u>		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 <u>12:15</u> a.m. <u>p.m.</u> Month, Day, Year <u>2-6-62</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.)		20f. CITY, TOWN, OR LOCATION <u>Gainesville, Mo.</u>	
20g. COUNTY <u>Gainesville</u>		20h. STATE <u>Mo.</u>	
21. I attended the deceased from <u>1957</u> to <u>2-6-62</u> and last saw him alive on <u>2-4-62</u> Death occurred at <u>12:15 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Paula Brenner, MD</u> (Degree or title)		22b. ADDRESS <u>Gainesville, Mo.</u>	
22c. DATE SIGNED <u>2-8-62</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>Feb. 9, 1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. Pauls Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Gerald, Missouri</u>		23e. STATE <u>Mo.</u>	
24. FUNERAL DIRECTOR <u>Oltmann Funeral Home, Gerald, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>2-8-62</u>	
26. REGISTRAR'S SIGNATURE <u>Delma Affelmann</u>		27. (Licensed Embalmer's Statement on Reverse Side)	

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 19 1962

**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 Ernest L. Oldman

Licensed Embalmer No. 4054

P. O. Address Union, Missouri

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.