MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

PARTMENT OF PUBLIC HEALTH AND WELFARE

-62-007526
STATE FILE NUMBER

AMENDED

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 18

FILED MAR 14 1962

1. PLACE OF DEATH
a. COUNTY Pulaski
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waynesville — Length of stay in Ib 12 hours
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital — Inside Limits Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First Karl Middle E. Last Witt
4. DATE OF DEATH: Month February Day 1 Year 1962
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 12-2-1895
9. AGE (last birthday) 66 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Winona, Minnesota
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Paul Witt
13b. MOTHER'S MAIDEN NAME Pauline Wockenfuss
14. NAME OF HUSBAND OR WIFE Leola M.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of servic WW I
17. INFORMANT Address Leola M. Witt Osage Beach, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	1) Hemorrhage, abdominal, severe	Terminal
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	2) Abdominal metastases	6 mo.
DUE TO (c)	3) Adenocarcinoma, gastric	1 + year

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 12-1-61, to 2-1-62 and last saw her/him alive on 2-1-62
Death occurred at 7:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [illegible], M.D.
22b. ADDRESS RICHLAND, MO.
22c. DATE SIGNED 3-7-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 2-4-62
23c. NAME OF CEMETERY OR CREMATORY Woodlawn
23d. LOCATION (City, town, or county) (State) Winona, Minnesota

24. FUNERAL DIRECTOR ADDRESS Walter P. Hedges, Camdenton, Mo.
25. DATE RECD. BY LOCAL REG. 3-8-62
26. REGISTRAR'S SIGNATURE Eula Mae Anderson

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 Walter P. Hedges

Licensed Embalmer No. 4265

P. O. Address Camden, N

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.

FILED FEB 7 1962

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY PULASKI
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WAYNESVILLE MO — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) GENERAL HOST — Length of stay in 1b 12 HRS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE ~~CANDEN~~ MO b. COUNTY CANDEN
c. CITY OR TOWN OSAGE BEACH MO — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: KARL Middle: E Last: WITT

4. DATE OF DEATH Month 2 Day 1 Year 1962

5. SEX: MALE
6. COLOR OR RACE: W
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: ~~FE~~ DEC 2-1895
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months 2 Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): WINONA MINN
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: PAUL WITT
13b. MOTHER'S MAIDEN NAME: PAULINE WOCKENFUSS
14. NAME OF ~~HUSBAND~~ OR WIFE: LEOLA M

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WWI
16. SOCIAL SECURI[illegible] 475-01-83 [illegible] Address M WITT OSAGE BEACH 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) 1) Hemorrhage, abdominal, severe. — INTERVAL BETWEEN ONSET AND DEATH: Terminal
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) 2) Abdominal metastases — 6 mo.
DUE TO (c) 3) Adenocarcinoma, gastric — 1 year.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 151X
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 DEC 1 - 1961, to 2-1-62 and last saw ~~him~~ him alive on 2-1-62
Death occurred at 7 15 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [illegible] M.D.
22b. ADDRESS Richland Mo.
22c. DATE SIGNED 2-3-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 2-4-62
23c. NAME OF CEMETERY OR CREMATORY WOODLAWN
23d. LOCATION (City, town, or county) WINONA (State) MINN

24. FUNERAL DIRECTOR Walter P. Hedges ADDRESS Camdenton, Mo.
25. DATE RECD. BY LOCAL REG. 2-3-62
26. REGISTRAR'S SIGNATURE Eula Mae Anderson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MAR 14 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 Walter P. Hedges

Licensed Embalmer No. 4265

P. O. Address Camdenton 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.