

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007526

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 290  
FILED MAR 14 1962

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

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Waynesville</u>		Length of stay in 1b <u>12 hours</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>General Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Karl</u> Middle <u>E.</u> Last <u>Witt</u>		4. DATE OF DEATH Month <u>February</u> Day <u>1</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>12-2-1895</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Winona, Minnesota</u>	
13a. FATHER'S NAME <u>Paul Witt</u>		13b. MOTHER'S MAIDEN NAME <u>Pauline Wockenfuss</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>WW I</u>		16. SOCIAL SECURITY NO. <u>475-01-8332</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>1) Hemorrhage, abdominal, severe</u> DUE TO (b) <u>2) Abdominal metastases</u> DUE TO (c) <u>3) Adenocarcinoma, gastric</u>		14. NAME OF HUSBAND OR WIFE <u>Leola M.</u> 17. INFORMANT <u>Leola M. Witt</u> Address <u>Osage Beach, Missouri</u>	
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"/>	
20c. TIME OF INJURY Hour <u>7:15</u> a.m. <u>p.</u> Month, Day, Year <u>12-1-61</u>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
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 <u>Winona, Minnesota</u>		COUNTY <u>Winona</u> STATE <u>Minnesota</u>	
21. I attended the deceased from <u>12-1-61</u> to <u>2-1-62</u> and last saw <u>her</u> alive on <u>2-1-62</u> Death occurred at <u>7:15</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Leola M. Witt</u>	
22b. ADDRESS <u>Richland, Mo.</u>		22c. DATE SIGNED <u>3-7-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>2-4-62</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>		23d. LOCATION (City, town, or county) <u>Winona, Minnesota</u>	
24. FUNERAL DIRECTOR <u>Walter P. Hedges, Camdenton, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3-8-62</u>	
26. REGISTRAR'S SIGNATURE <u>Leola M. Witt</u>		27. REGISTRAR'S SIGNATURE <u>Leola M. Witt</u>	

(Licensed Embalmer's Statement on Reverse Side)

**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. 14265

P. O. Address Camden, N.J.

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 <u>PULASKI</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CAMDEN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WAYNEVILLE MO</u>		c. CITY OR TOWN <u>OSAGE BEACH MO</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>GENERAL HOSP</u>		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb <u>12 HRS</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>PAUL</u> Middle <u>E</u> Last <u>WITT</u>			4. DATE OF DEATH Month <u>2</u> Day <u>1</u> Year <u>1962</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>W</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>DEC 2-1885</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u></u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>WINONA MINN</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>PAUL WITT</u>		13b. MOTHER'S MAIDEN NAME <u>PAULINE WOCKENFUS</u>		14. NAME OF HUSBAND OR WIFE <u>LEOLA M</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, go, or unknown) (If yes, give war or dates of service) <u>YES WWI</u>		16. SOCIAL SECURITY NO. <u>475-01-8332</u>		17. INFORMANT Address <u>LEOLA M WITT OSAGE BEACH 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>Myocardial infarction, abdominal, severe.</u> DUE TO (b) <u>abdominal metastases</u> DUE TO (c) <u>adenocarcinoma, gastric</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u> <u>1 year.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>151X</u>		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></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>	20d. INJURY OCCURRED WHILE AT <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 <u>DEC 1-1961</u> to <u>2-1-62</u> and last saw him alive on <u>2-1-62</u> Death occurred at <u>7:15 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>Edmund P. Hedges</u> (Design as title)	22b. ADDRESS <u>Richland, Mo</u>	22c. DATE SIGNED <u>2-3-62</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>2-4-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>WOODLAWN</u>	23d. LOCATION (City, town, or county) (State) <u>WINONA MINN</u>
24. FUNERAL DIRECTOR <u>Walter P. Hedges</u> <u>Edmund P. Hedges</u>	25. DATE RECD. BY LOCAL REG. <u>2-3-62</u>	26. REGISTRAR'S SIGNATURE <u>Paula Mae Anderson</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
All diseases in Part I must be causally related.

MAR 14 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 ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Walter P. Helges*

Licensed Embalmer No. *4265*

P. O. Address *Camden N.J.*

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.