

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016290

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 161

FILED APR 23 1962

1. PLACE OF DEATH

a. COUNTY

Pettis

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

Sedalia

Length of stay in lb

6 years

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

1311 South Montiteau

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Pettis

c. CITY

OR
TOWN

Sedalia

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

1311 South Montiteau

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

APPOLONIA

WITMER

4. DATE
OF DEATH

Month

Day

Year

April 18, 1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

2/1/1874

9. AGE (last birthday)

88

IF UNDER 1 YEAR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (City and state or country)

Remsen, Iowa

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Frank Arens

13b. MOTHER'S MAIDEN NAME

Justina Koob

14. NAME OF HUSBAND OR WIFE

William Witmer, deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Address Sedalia, Mo.

Mrs. Clarence Mettler, 1311 South Montiteau

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Generalized collapse or failure

INTERVAL BETWEEN ONSET AND DEATH

2 weeks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Senility

years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Fracture, rt hip - bedfast since Oct 1961

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. 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 13 April 1960 to 18 April 1962 and last saw her alive on 17 April 1962Death occurred at 3:38 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Stanley D. Fisher, M.D.

22b. ADDRESS

500 West 16th Sedalia, Missouri

22c. DATE SIGNED

19 Apr 62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

4/21/1962

23c. NAME OF CEMETERY OR CREMATORY

St. Mary's Cemetery

23d. LOCATION (City, town, or county)

Montrose, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Charles E. Egan, Sedalia, Missouri

25. DATE RECD. BY LOCAL REG.

April 19, 1962

26. REGISTRAR'S SIGNATURE

Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0808

2 0808

3

4 1

5 2

6

7 1

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9 9794XF

10

11

12 90-0

13 1-0

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 P. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia 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.