

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19913

FILED JUL 6 1949

State File No.

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 188

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1208 West Maple		d. STREET ADDRESS (If rural, give location) 1208 West Maple	

3. NAME OF DECEASED (Type or Print) a. (First) CASSANN ARMINTA b. (Middle) _____ c. (Last) WITTECK			4. DATE OF DEATH (Month) (Day) (Year) June 22, 1949			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH* March 24, 1882	9. AGE - (In years last birthday) 67	IF UNDER 1 YEAR Days 2	IF UNDER 12 HRS. Hours 28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mink Creek, Idaho		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Burrell		13b. MOTHER'S MAIDEN NAME Martha		14. NAME OF HUSBAND OR WIFE Carl Thee Witteck	
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. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles Witteck, Independence, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive cardiovascular disease with		INTERVAL BETWEEN ONSET AND DEATH 445X
	ANTECEDENT CAUSES due to (b) arrhythmia and general atherosclerosis		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus Secondary anemia		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 June, 1949 to 22 June, 1949, that I last saw the deceased alive on 22 June, 1949, and that death occurred at 4:20 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. Saunders M.D.	23b. ADDRESS Independence	23c. DATE SIGNED 6-24-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-25-49	24c. NAME OF CEMETERY OR CREMATORY Mound Grove Cemetery	24d. LOCATION (City, town, or county) (State) Jackson County, Missouri
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DATE REC'D BY LOCAL REG. June 24-1949	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Roland R. Speaks, Independence, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 29 RECD

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.

Signed

Roland R. Speaks

Signed.....
Student Embalmer

Licensed Embalmer No. 3604

P. O. Address Independence, 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 this body is not embalmed, fact should be so stated above.