U.S. No. 300
REV. 10.48

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

FILED JUL 13 1949

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

20005

State File No.

BIRTH NO. REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 120

**1. PLACE OF DEATH**
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webb City
c. LENGTH OF STAY (in this place): 15 Min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Elks Building Webb City, Mo.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carterville,
d. STREET ADDRESS (If rural, give location): 119 West Wilson

**3. NAME OF DECEASED** (Type or Print)
a. (First): Edward
b. (Middle): Henry
c. (Last): Wittenbrink

**4. DATE OF DEATH** (Month): July (Day): 2 (Year): 1949

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: Sept. 19, 1879
**9. AGE** (In years last birthday): 69 — IF UNDER 1 YEAR: Months 9, Days 13 — IF UNDER 24 HRS.: Hours, Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Retired Butcher
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (State or foreign country): New Bremen Ohio
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: William Wittenbrink
**13b. MOTHER'S MAIDEN NAME**: Wilhelmina Schroeder
**14. NAME OF HUSBAND OR WIFE**: Mrs. Lena Wittenbrink

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No (If yes, give war or dates of service):
**16. SOCIAL SECURITY NO.**:
**17. INFORMANT'S SIGNATURE OR NAME — ADDRESS**: Lena Wittenbrink, Carterville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolus — INTERVAL BETWEEN ONSET AND DEATH: 5 MIN.

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Auricular fibrillation — unknown

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death.*

4331

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**:
**20. AUTOPSY?** YES ☐ NO ☒

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**:

22. *I hereby certify that I attended the deceased from* July 2, 1949 *to* July 2, 1949, *that I last saw the deceased alive on* July 2, 1949 *and that death occurred at* 12:30 P.M., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Carl Ferguson MD
**23b. ADDRESS**: Webb City, Mo.
**23c. DATE SIGNED**: 7/2/49

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: July 5, 1949
**24c. NAME OF CEMETERY OR CREMATORY**: Carterville Cemetery
**24d. LOCATION** (City, town, or county) (State): Carterville, Missouri

DATE REC'D BY LOCAL REG.: JULY 4, 1949
REGISTRAR'S SIGNATURE: [illegible]
**25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS**: Johnston-Arnce-Simpson, Webb City, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 7-11-49
Jasper County Health Office
County File Number 49-7-540
Date Filed 7-12-49

DEC 2 1949

AUG 18 1949

DEC 2 1949

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 ..... Student Embalmer

Signed Harvey E. Arnee

Licensed Embalmer No. 4463

P. O. Address Webb City, 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.