

FILED APR 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9825

State File No.

BIRTH NO. REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5764 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Marion</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>		
b. CITY OR TOWN <u>Rural Warrentownship</u>		c. LENGTH OF STAY (in this place) <u>40 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Warren Township</u>		0640
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MONROE CITY RFD 4</u>			d. STREET ADDRESS (If rural, give location) <u>Monroe City RFD. 4</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRED.</u> b. (Middle) <u>WITTMAR</u> c. (Last) <u>WITTMAR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 21-1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>JANUARY 10-1872</u>		9. AGE (In years last birthday) <u>79</u> IF UNDER 1 YEAR: Months <u>2</u> Days <u>11</u> IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm.</u>	11. BIRTHPLACE (State or foreign country) <u>Marion County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>WILLIAM B WITTMAR</u>		13b. MOTHER'S MAIDEN NAME <u>Dora Madleman</u>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Andrew Chaple</u> ADDRESS <u>Monroe City R.R. 4</u>			
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PARKINSONS DISEASE</u>			INTERVAL BETWEEN ONSET AND DEATH <u>7 YEARS</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last.				
	DUE TO (b) _____				
	DUE TO (c) _____				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>350X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?		
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22. I hereby certify that I attended the deceased from Feb 20, 1944, to MAR 21, 1951, that I last saw the deceased alive on MAR 21, 1951, and that death occurred at 3:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Andrew Chaple M.D.</u> (Degree or title)		23b. ADDRESS <u>Monroe City Mo</u>		23c. DATE SIGNED <u>Mar 23, 1951</u>	
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24a. BURIAL / CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-23-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ANDREW CHAPLE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>Marion County Missouri</u>		
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DATE REC'D BY LOCAL REG. <u>3/26/51</u>	REGISTRAR'S SIGNATURE <u>E. Mathias</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>WILSON & SON MONROE CITY Mo.</u>			
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

3640

RECEIVED MAR 27 1951
HEALTH DEPT.
MAR 31 1951
DATE FILED

MAR 25 1951

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 me

working under my personal supervision.

Student Embalmer No.....

Signed Leslie L. Nelson

Signed.....
Student Embalmer

Licensed Embalmer No. 3014

P. O. Address Monroe 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.