

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26567**

FIFTH AUG 25 1951

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

BIRTH NO. _____		REG. DIST. NO. <u>116</u>		PRIMARY REG. DIST. NO. <u>5434</u>		Registrar's No. <u>113</u>		
1. PLACE OF DEATH a. COUNTY <u>Franklin.</u> <span style="float: right; font-size: 2em;">0360</span>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>Franklin.</u>				
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Washington, Rural, St. John</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington, Rural, St. John's.</u> <span style="float: right; font-size: 2em;">0360</span>				
c. LENGTH OF STAY (in this place) <u>43 yrs.</u>				d. STREET ADDRESS (If rural, give location) <u>R. #2.</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R. #2.</u>								
3. NAME OF DECEASED a. (First) <u>Ella</u>			b. (Middle) _____		c. (Last) <u>Witthaus.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 13th, 1951.</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Mar. 6th, 1882.</u>		9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>7</u>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-work.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>		11. BIRTHPLACE (State or foreign country) <u>Boles, Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jacob Ade.</u>			13b. MOTHER'S MAIDEN NAME <u>Lena Vogt.</u>		14. NAME OF HUSBAND <u>Herman Witthaus.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Clarence Watson</u> ADDRESS <u>Washington, Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)								
<b>MEDICAL CERTIFICATION</b>								
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>1. Thyrotoxicosis, severe</u>						INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u>		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic C-V-R disease</u>								
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		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 <u>26 Dec., 1949,</u> to <u>13 Aug., 1951,</u> that I last saw the deceased alive on <u>12 Aug., 1951,</u> and that death occurred at <u>1:15 AM.,</u> from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Raymond J. Boyzo, M.D.</u>				23b. ADDRESS <u>Washington Mo.</u>		23c. DATE SIGNED <u>13 Aug 51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 16, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's Evang. Cemetery,</u>		24d. LOCATION (City, town, or county) (State) <u>Washington, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Aug. 13, 1951</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Theburg &amp; Witt, Inc.</u>		ADDRESS <u>Washington, Mo.</u>		

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4  
AUG 20 1951

RECEIVED

**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 *Lester A. Witt*

Licensed Embalmer No. *3254*

P. O. Address *Washington, Md*

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.