

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 42367

FILED JAN 3 1952

BIRTH NO. _____		REG. DIST. NO. 234		PRIMARY REG. DIST. NO. 5815		Registrar's No. 32	
1. PLACE OF DEATH a. COUNTY Morgan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Morgan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Hawcreek Twp.		c. LENGTH OF STAY (In this place) life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Hawcreek Twp. 0110			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 miles N.W. Stover				d. STREET ADDRESS (If rural, give location) 4 miles N.W. Stover			
3. NAME OF DECEASED a. (First) Lena (Type or Print)			b. (Middle) Witte		c. (Last)		
4. DATE OF DEATH Dec. 22, 1951 (Month) (Day) (Year)							
5. SEX female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH May 22, 1893	
9. AGE (In years last birthday) 58		IF UNDER 1 YEAR Months 7		IF UNDER 2 HRS. Days		IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Morgan County Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Louis Wehrman			13b. MOTHER'S MAIDEN NAME Adleheit Ratjen			14. NAME OF HUSBAND OR WIFE Ed Witte	
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'S SIGNATURE OR NAME Ed Witte Stover, Mo. ADDRESS			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myelogenous Leukemia 1 yr. 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.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: 2041					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) 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 July, 1950, to Dec, 1951, that I last saw the deceased alive on Dec 27, 1951, and that death occurred at 5:30 AM., from the causes and on the date stated above.							
23a. SIGNATURE Ruth Kauffman, M.D. (Degree or title)				23b. ADDRESS Versailles, Mo.		23c. DATE SIGNED Dec. 24, 51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 24, 1951		24c. NAME OF CEMETERY OR CREMATORY Stover Cemetery		24d. LOCATION (City, town, or county) (State) Stover Missouri	
DATE REC'D BY LOCAL REG. Dec. 26th 1951		REGISTRAR'S SIGNATURE Mrs. L. Rippeger		25. FUNERAL DIRECTOR'S SIGNATURE J. L. Stovner		ADDRESS Stover, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

710

RECEIVED 12-31-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 1-2-52 \_\_\_\_\_

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 \_\_\_\_\_

Jas. R. Scrivner

Student Embalmer No. 404

working under my personal supervision.

Student

Jas. R. Scrivner  
Student Embalmer

Signed

J. L. Stevenson  
Licensed Embalmer No. 4073

P. O. Address Stover, 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.