

FILED MAR 19 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7315

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 5098 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY OR TOWN <u>Rural</u>		c. CITY OR TOWN <u>Deepwater</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS <u>Deepwater Twp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Deepwater Twp</u>		e. (If rural: give location)	
3. NAME OF DECEASED a. (First) <u>Lawrence</u> b. (Middle) <u>Joseph</u> c. (Last) <u>Wittman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 6-1952</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>8-29-1885</u>
9. AGE (In years last birthday) <u>67</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	13a. FATHER'S NAME <u>Andrew Wittman</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Baker</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Lawrence J Wittman Jr. Monticello Mo</u> 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) <u>accidental traumatism</u> ANTECEDENT CAUSES <u>by crushing beneath tractor</u> <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> <u>possible suffocation</u> II. OTHER SIGNIFICANT CONDITIONS <u>Skull fracture</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Dead on arrival</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>on county road</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Deepwater Twp</u> (COUNTY) <u>Bates</u> (STATE) <u>Mo</u>	
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? <u>Overturning tractor</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>John H. Underwood</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Butler Mo</u>	23c. DATE SIGNED <u>3-10-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-10-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memontown cem</u>	24d. LOCATION (City, town, or county) (State) <u>Henry Co Mo</u>
DATE REC'D BY LOCAL REG. <u>March 11-52</u>	REGISTRAR'S SIGNATURE <u>Randall Koway</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Siskman &amp; Lumming</u> ADDRESS <u>Clinton Mo</u>	

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

1952

**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 Robert L. Dunning

Licensed Embalmer No. 4710

P. O. Address Clinton Missouri

**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.