

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6417** ✓

FILED FEB 27 1953  
BIRTH NO. **1295739** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **550**

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Kansas</b> b. COUNTY <b>Wyandotte</b>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>	c. LENGTH OF STAY (In this place) <b>3 mo 25 da</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City 8th</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>3040 So. 9th St. Kansas</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Harrel</b> b. (Middle) <b>Lee</b> c. (Last) <b>Witt</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>1-24-1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>9-29-52</b>
9. AGE (In years last birthday) <b>3</b>	IF UNDER 1 YEAR Months <b>25</b> Days <b>5</b> Hours <b>41</b>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Alvin Leon Witt</b>		13b. MOTHER'S MAIDEN NAME <b>Betty Julia Wing</b>	
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 ADDRESS <b>Mr. Alvin Witt 3040 So 9th St. Kansas</b>	
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) <b>Largely cerebral meningococci</b>  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 <b>3 mos.</b> <b>25 days</b> <b>5 hrs - 41 min</b>	
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)	21f. HOW DID INJURY OCCUR?
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"/>	22. I hereby certify that I attended the deceased from <b>9-29</b> , 19 <b>52</b> , to <b>1-24</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>1-21</b> , 19 <b>53</b> , and that death occurred at <b>5:30 p. m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>Hugh G. Hamilton MD</b> (Degree or title)		23b. ADDRESS <b>411 N. 15th St. Kansas</b>	23c. DATE SIGNED <b>1-24-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>Jan 26-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt Hope</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City Kansas</b>
DATE REC'D BY LOCAL REG. <b>1-27-53</b>	REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS. <b>Joe A. Butler's Sons Kansas City, Kansas</b>	

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**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 Russell W Dennis

Licensed Embalmer No. 3462

P. O. Address Kansas City, Kansas

**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.