

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 9 - 1953

State File No. 6895

BIRTH NO. _____ REG. DIST. NO. 213 PRIMARY REG. DIST. NO. 5781 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>MILLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MILLER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LAKE-OZARK</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LAKE-OZARK</u>	
c. LENGTH OF STAY (In this place) <u>20 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>LAKE-OZARK.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LAKE-OZARK</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Gilbert</u> b. (Middle) <u>- PARK -</u> c. (Last) <u>Witcher</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 1 1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>22 MARCH 1900</u>	9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Welder</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Electric-Welder</u>	11. BIRTHPLACE (State or foreign country) <u>PERRY-OKLAHOMA</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	

13a. FATHER'S NAME <u>Gilbert-Witcher</u>	13b. MOTHER'S MAIDEN NAME <u>LULA-STARHAN</u>	14. NAME OF HUSBAND OR WIFE <u>Ruth-Witcher</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes Army-W-WI</u>	16. SOCIAL SECURITY NO. <u>500-10-8788</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ruth-Witcher</u>	ADDRESS <u>LAKE-OZARK</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Aneurysm</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Brain Tumor</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> <u>None</u>	21f. HOW DID INJURY OCCUR? <u>None</u>
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22. I hereby certify that I attended the deceased from 2/26/44, 1944, to Feb 1, 1953, that I last saw the deceased alive on Jan 29, 1953, and that death occurred at 6:55 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. C. Munnell, D.O.</u>	23b. ADDRESS <u>ELDON-MO</u>	23c. DATE SIGNED <u>2 Feb 53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3 Feb 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>River-View-</u>	24d. LOCATION (City, town, or county) (State) <u>MILLER Mo</u>
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DATE REC'D BY LOCAL REG. <u>Feb 18, 1953</u>	REGISTRAR'S SIGNATURE <u>Mrs. C.R. Hawkins</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ruth McKays</u>	ADDRESS <u>ELDON Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Keith M. Kays

Licensed Embalmer No.

3998

P. O. Address

Eldon 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.