S. No. 300
v. 10.46

680
1

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

FILED JUN 15 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18769

BIRTH NO. _____ REG. DIST. NO. 223 PRIMARY REG. DIST. NO. 4334 Registrar's No. 54

1. PLACE OF DEATH
a. COUNTY Moniteau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Latham
c. LENGTH OF STAY (In this place) WIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) No street numbers

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Moniteau
c. CITY OR TOWN Latham
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) No street numbers 0680

3. NAME OF DECEASED (Type or Print)
a. (First) John
b. (Middle) William
c. (Last) Witzke

4. DATE OF DEATH (Month) (Day) (Year) June 5, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June, 17, 1881
9. AGE (In years last birthday) 71 — If under 1 year: Months ___ Days ___ — If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (City and State or Foreign Country) Morgan County, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Witzke
13b. MOTHER'S MAIDEN NAME Mary Schrader
14. NAME OF HUSBAND OR WIFE Martha Jane Witzke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) ----------
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Mrs Martha Jane Witzke, **ADDRESS** Latham, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Insufficiency Decompensated — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Ca. of Prostate

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4221 H
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 26, 1950, *to* June 5, 1953, *that I last saw the deceased alive on* June 5, 1953, *and that death occurred at* 11:45 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) M.D.
23b. ADDRESS Lipton, Missouri
23c. DATE SIGNED June 5, 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6-7-1953
24c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery
24d. LOCATION (City, town, or county) Morgan County (State)

DATE REC'D BY LOCAL REG. 6-9-1953
REGISTRAR'S SIGNATURE Mrs. F.W. Scott - Deputy
25. FUNERAL DIRECTOR'S SIGNATURE James E. Richards
ADDRESS Lipton Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James E. Pinhana

Licensed Embalmer No. 246

P. O. Address Tipton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.