

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

9514

FILED MAR 22 1954

BIRTH NO. _____		REG. DIST. NO. <u>248</u>		PRIMARY REG. DIST. NO. <u>5844</u>		Registrar's No.		
1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>				
b. CITY OR TOWN <u>Rural, Seneca</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Rural, Seneca</u>		0730		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 1/2 mi. N. of Seneca</u>				d. STREET ADDRESS (If rural, give location) <u>1 1/2 mi. N. of Seneca</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edgar</u> b. (Middle) <u>Leroy</u> c. (Last) <u>Witte</u>			4. DATE OF DEATH Month) (Day) (Year) <u>Feb. 27 1954</u>					
5. SEX <u>M</u>		6. COLOR OR RACE <u>wht.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never mar.</u>		8. DATE OF BIRTH <u>Oct. 3, 1944</u>		
9. AGE (in years last birthday) <u>9</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>child</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>Edgar Witte</u>		13b. MOTHER'S MAIDEN NAME <u>Ina Collins</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) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Collins, Seneca, Mo.</u>				
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>Crushed skull</u> 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 <u>1 wk.</u>	
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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Public Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>1 1/2 mi. N. of Seneca - Newton, Mo.</u>		073		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb. 27 1954 5:15 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto Accident</u>				
22. I hereby certify that I attended the deceased from _____, 19____, to <u>Feb. 27</u> , 19 <u>54</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:15 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Lochy Thompson, M.D.</u>				23b. ADDRESS <u>302 E. Main St. Neosho, Mo.</u>		23c. DATE SIGNED <u>3-8-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-8-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Seneca Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Seneca Mo.</u>		
DATE REC'D BY LOCAL REG. <u>3-9-54</u>		REGISTRAR'S SIGNATURE <u>Mrs. Irene Russell</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. E. Reddick, Seneca Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____
District File Number, 354-42
Date Filed MAR 19 1954

NEOSHO, MISSOURI

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 W E Reddick

Licensed Embalmer No. 2174

P. O. Address Seneca 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.