

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26388

State File No. ....

FILED AUG 23 1954

BIRTH NO. --- REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 900

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Buchanan</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Joseph</b> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Joseph</b>   |  |
| c. LENGTH OF STAY (in this place)<br><b>60 yrs</b>  |  | d. STREET ADDRESS (If rural, give location)<br><b>1802 St. Joseph Avenue</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>1802 St. Joseph Avenue</b>                  |  |   |  |

|   |                                  |   |   |
|---|----------------------------------|---|---|
| 3. NAME OF DECEASED<br>(Type or Print)<br><b>BERNHARD JOSEPH WITT Sr.</b> |                                  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>Aug. 11 1954</b>   |   |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>  | 8. DATE OF BIRTH<br><b>Aug. 28, 1873</b>                          |
| 9. AGE (in years last birthday)<br><b>80</b>                              |                                  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired Merchant</b> | 11. BIRTHPLACE (State or foreign country)<br><b>Baden Germany</b> |
| 10a. USUAL OCCUPATION   |                                  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U S A</b>  |   |

|   |   |   |
|---|---|---|
| 13a. FATHER'S NAME<br><b>Bernhard Witt</b>  | 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b>   | 14. NAME OF HUSBAND OR WIFE<br><b>Margaret Witt</b>       |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> | 16. SOCIAL SECURITY NO.<br><b>500-36-1846</b> | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Margaret Witt</b> |
|   |   | ADDRESS<br><b>St. Joseph, Mo.</b>                         |

|  |   |  |   |
|--|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>Does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH  |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</b>  |  | <b>Unknown</b>  |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Arteriosclerosis General</b> |  | <b>11</b>   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |   |  |   |
| 19a. DATE OF OPERATION   | 19b. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>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) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR?                      |

22. I hereby certify that I attended the deceased from **Apr 14, 1953**, to **Aug 11, 1954**, that I last saw the deceased alive on **Aug 11, 1954**, and that death occurred at **11:30A m.**, from the causes and on the date stated above.

|  |                                   |  |  |
|--|-----------------------------------|--|--|
| 23a. SIGNATURE<br><b>Mustaw A. Jan</b>                     | (Degree or title)<br><b>M D</b>   | 23b. ADDRESS<br><b>Mark Patrick Bedy St. Joseph, Mo</b>          | 23c. DATE SIGNED<br><b>8-12-54</b>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 24b. DATE<br><b>Aug. 14, 1954</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Mt. Olivet Cemetery</b> | 24d. LOCATION (City, town, or county) (State)<br><b>St. Joseph, Missouri</b> |

|   |   |      |   |                                  |
|---|---|------|---|----------------------------------|
| DATE REC'D BY LOCAL REG.<br><b>Aug 19, 1954</b> | REGISTRAR'S SIGNATURE<br><b>Bethen M. Allison</b> | 485- | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Stanger Funeral Home</b> | ADDRESS<br><b>St. Joseph, Mo</b> |
|---|---|------|---|----------------------------------|

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Charles E. Bennett*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4677

P. O. Address St. Joseph Ave

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.