

FILED AUG 3-1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22468
3086

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3086

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
d. CITY (If outside corporate limits, write RURAL and give town or township) Kansas City		c. CITY OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4347 Gillham Rd.		STREET ADDRESS (If rural, give location) 4347 Gillham Rd.	

3. NAME OF DECEASED a. (First) JAMES b. (Middle) DAVE c. (Last) WITCHER, Sr.		4. DATE OF DEATH (Month) July (Day) 17 (Year) 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 18, 1901
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Executive Secretary		10b. KIND OF BUSINESS OR INDUSTRY Tavern Owners Assn.	11. BIRTHPLACE (City and State or Foreign Country) Venita, Oklahoma
13a. FATHER'S NAME James W. Witcher.		13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Mrs. Beatrice Witcher

9. AGE (In years last birthday) 53 yrs.	12. CITIZEN OF WHAT COUNTRY? USA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY 496-24-0932
17. INFORMANT'S SIGNATURE OR NAME ADDRESS James D. Witcher, Jr. 4122 Virginia	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		DUE TO (b)		2 hrs.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4201	

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)
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"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May - 1955, to 7/17/55, that I last saw the deceased alive on 7/17/55 and that death occurred at 7:00 m., from the causes and on the date stated above.

23a. SIGNATURE W. W. Gist, M.D. (Degree or title)	23b. ADDRESS 2600 Pr. of Blvd.	23c. DATE SIGNED 7/18/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 20, 1955	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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DATE REC'D BY LOCAL REG. 7-19-55	REGISTRAR'S SIGNATURE Neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Quirk & Tobin-20 W. Linwood, K. C. Mo.
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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, ~~by~~, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Forrest D. Callanov*.....

Licensed Embalmer No. *476*

P. O. Address *K C 76*.....

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

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