

No. 300
10.48

FILED DEC 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41126**

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 173

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City	c. LENGTH OF STAY (If this place) 60 Yrs.	c. CITY OR TOWN Webb City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 1018 W. First St.		e. STREET ADDRESS (If rural, give location) 715 N. Oak St.	

3. NAME OF DECEASED (Type or Print) a. (First) Rose	b. (Middle)	c. (Last) Witzansky	4. DATE OF DEATH (Month) (Day) (Year) Dec. 13, 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 3-4-1871	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months 9	IF UNDER 12 HRS. Days 9 Hours 9 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Ill.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Jim Dardin	13b. MOTHER'S MAIDEN NAME no data	14. NAME OF HUSBAND OR WIFE Gus WITZANSKY dec'd
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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) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lee Witzansky 528 Porter Ave. Joplin, Mo.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) hypostatic pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 4200		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized atherosclerosis, fibrosis of lung, arteriosclerosis, heart disease			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Sept. 19, 1947, to Dec. 13, 1955, that I last saw the deceased alive on 12-7, 1955, and that death occurred at 2:03 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Andrew Ferguson M.D.	23b. ADDRESS 110 N. Webb St. Webb City,	23c. DATE SIGNED 12-14-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-15-55	24c. NAME OF CEMETERY OR CREMATORY Webb City Cemetery	24d. LOCATION (City, town, or county) (State) Webb City, Mo.
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DATE REC'D BY LOCAL REG. 12-15-55	REGISTRAR'S SIGNATURE Mrs. Madeline Switzer	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Johnston-Arnice-Simpson, Webb City, Mo. Mortuary
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(Licensed Embalmers' Statement on Reverse Side)

H.E. Am...

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

RECEIVED
Jasper County Health Office
County File Number 55-12-879
Date Filed DEC 1 9 1955
DEC 1 9 1955

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 _____
Signature of Student Embalmer

Signed Harvey E. Arace
Licensed Embalmer No. 446
P. O. Address West City

- 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.