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FILED APR 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12777

State File No.

BIRTH NO. _____ REG. DIST. NO. 86 PRIMARY REG. DIST. NO. 5323 Registrar's No. 10-1956

1. PLACE OF DEATH a. COUNTY <u>Rawlins</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Rawlins</u>	
b. CITY OR TOWN <u>Cuba, Missouri (Rural)</u>		c. CITY OR TOWN <u>Cuba</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>40 days</u>		e. STREET ADDRESS (If rural, give location) <u>Box 100</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Pils. Hosp. (2 Mi. N.W.)</u>			

3. NAME OF DECEASED a. (First) <u>Willie</u> b. (Middle) <u>Otto</u> c. (Last) <u>Witzke</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4 - 10 - 1956</u>	
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>5-8-1897</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>2</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (City or State or Foreign Country) <u>Hoffgarben, Germany</u>	12. CITIZEN OF WHAT COUNTRY? <u>4</u>
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13. FATHER'S NAME <u>Friedrich Witzke</u>	14. MOTHER'S MAIDEN NAME <u>Alvina Margel</u>	15. NAME OF HUSBAND OR WIFE <u>Freida Jenne</u>
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16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	17. SOCIAL SECURITY NO. <u>495-30-8411</u>	18. INFORMANT'S SIGNATURE OR NAME <u>Mr. Freida Witzke, St. Pils, Cuba, Mo.</u>	ADDRESS <u></u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, 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) <u>Coronary</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Infarction</u>		
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS 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? 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 April 1956 to April 1956, that I last saw the deceased alive on April 9, 1956, and that death occurred at 8:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. J. Skilling, D.O.</u> (Degree or title)	23b. ADDRESS <u>Cuba, Mo.</u>	23c. DATE SIGNED <u>4-12-1956</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>4-13-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Finder Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cuba, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4-12-1956</u>	REGISTRAR'S SIGNATURE <u>Paula Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paula Smith</u> ADDRESS <u>Cuba, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

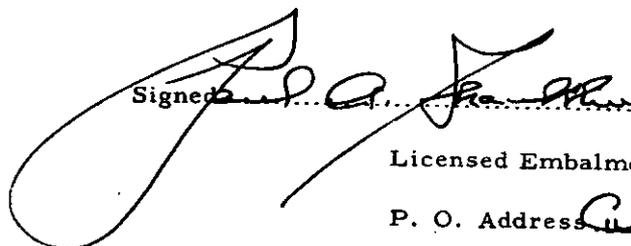
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 02 8 08 AM

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 

Licensed Embalmer No. 3447

P. O. Address Cuba, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.