

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13573

State File No. _____

1633

| | | | | | | | |
|--|--|---|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a.-STATE <u>Missouri</u> b. COUNTY <u>Saline</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | c. LENGTH OF STAY (in this place) <u>3 Mo.</u> | | c. CITY OR TOWN <u>New Frankfort</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Haven Manor Nursing Home</u> | | | | e. STREET ADDRESS (If rural, give location) <u>Rural</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>August</u> b. (Middle) _____ c. (Last) <u>Wittenberger</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 14, 1956</u> | | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | | 8. DATE OF BIRTH <u>Mar. 24, 1872</u> | |
| 9. AGE (In years last birthday) <u>84</u> | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>self</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>New Frankfort, Missouri</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Herman Wittenberger</u> | | 13b. MOTHER'S MAIDEN NAME <u>Augusta Zahl</u> | | 14. NAME OF HUSBAND OR WIFE <u>None</u> | |
| 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 <u>Mrs. Esther Daugherty, K.C.Ks.</u> ADDRESS <u>938 Northrup</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, anemia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Stomach</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>2 years</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) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____ | | 21f. HOW DID INJURY OCCUR? _____ | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 22. I hereby certify that I attended the deceased from <u>Feb 2, 1956</u> , to <u>Apr 14, 1956</u> , that I last saw the deceased alive on <u>Apr 13, 1956</u> and that death occurred at <u>7:20 a.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>J.D. Bennett</u> (Degree or title) <u>M.D.</u> | | | | 23b. ADDRESS <u>409 E 63rd St NC Mo</u> | | 23c. DATE SIGNED <u>4/14/56</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>4/14/1956</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Slater Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Slater, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>4-14-56</u> | | REGISTRAR'S SIGNATURE <u>Neva Minshall</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Floral Hills Chapel K.C.Ks.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
0-48

MAY 10 1955

NOV 30 1960

JUN 21 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *D Ross Blanford*

Licensed Embalmer No. 40

P. O. Address K e n

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