

FILED JUN 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **20840**

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>3026</u>		Registrar's No. <u>274</u>		
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence			c. LENGTH OF STAY (in this place) 48yrs		c. CITY OR TOWN Independence		d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 619 N. Main				STREET ADDRESS (If rural, give location) 619 N. Main 7050				
3. NAME OF DECEASED (Type or Print) a. (First) MRS. JULIA b. (Middle) ELIZABETH c. (Last) WITTHAR			4. DATE OF DEATH June 14, 1956					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH Dec. 14, 1862		
9. AGE (In years last birthday) 92		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Franklin Co Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John P. Hoehn			13b. MOTHER'S MAIDEN NAME Caroline Drewel		14. NAME OF HUSBAND OR WIFE Henry C. Witthar dec.			
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss. Carrie Witthar Indep. Mo.				
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho Pneumonia				DUE TO (b) Virus respiratory infection				2 weeks
ANTECEDENT CAUSES				DUE TO (c) Old age pneumonia				1 week
II. OTHER SIGNIFICANT CONDITIONS				arteriosclerosis				3 yrs
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 492X					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 <u>July 31, 1954</u> to <u>June 14, 1956</u> , that I last saw the deceased alive on <u>6-14-56</u> , 1956 and that death occurred at <u>8:30 PM</u> from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Carl Allen M.D.				23b. ADDRESS Independence, Mo 6-15/56		23c. DATE SIGNED		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 16, 1956		24c. NAME OF CEMETERY OR CREMATORY Woodlawn		24d. LOCATION (City, town, or county) (State) Indep. Mo.		
DATE REC'D BY LOCAL REG. 6-16-56		REGISTRAR'S SIGNATURE James R. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Otto Mitchell Indep. Mo.				

(Licensed Embalmer - Statement on Reverse Side)

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

300
48

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 me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed

Henry J. Mitchell
Licensed Embalmer No. 392

P. O. Address Indep.

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.