

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21507**

FILED JUN 25 1956

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 6968 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: specify before admission). a. STATE <u>Mo</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RFD. 2 - 2.200 A.M. 2 mi. S. of town</u>		c. CITY OR TOWN <u>Smithville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>9 years</u>		e. STREET ADDRESS (Rural, give location) <u>RFD. 2 - 0820</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Smithville Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> (Middle) <u>Thomas</u> c. (Last) <u>Witt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June - 6 1956</u>		
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>Nov 19 - 1875</u>		9. AGE (In years, last birthday) <u>81</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Holton, Kansas</u>		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME <u>Talton Berry Witt</u>	13b. MOTHER'S MAIDEN NAME <u>Rebecca Burton</u>	14. NAME OF HUSBAND OR WIFE <u>Lora Witt</u> <u>Smithville Mo</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give year or dates of service)	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lora Witt</u> ADDRESS <u>Smithville Mo</u>
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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, asphyxia, 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) <u>Generalized Arthritis Rheumatis</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. <u>Blind</u>			

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) <input checked="" type="checkbox"/>	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) (Min.)	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 10-14, 1955, to 6-3, 1956, that I last saw the deceased alive on 6-3, 1956, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>EB N. H. ...</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Smithville, Mo</u>	23c. DATE SIGNED <u>6-8-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 9 - 56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Parkville Mo</u>
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DATE REC'D BY LOCAL REG. <u>6-8-56</u>	REGISTRAR'S SIGNATURE <u>Alpha Racine</u>	EMERALD DIRECTOR'S SIGNATURE <u>Ieland Francis</u> ADDRESS <u>Parkville</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *L. H. Francis*

Licensed Embalmer No. *345*

P. O. Address *Farkville*

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.