Health, & Welfare Public Service

FILED AUG 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26353
STATE FILE NUMBER

Registration District No. 72 Primary Registration District No. 4134 Registrar's No. 69

1. PLACE OF DEATH
a. COUNTY Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Smithville — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Community — Length of stay in 1b 7 da.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Platte
c. CITY OR TOWN Platte City — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes X No ☐

3. NAME OF DECEASED (Type or print) First Talton Middle B. Last Witt
4. DATE OF DEATH Month Aug. Day 3 Year 1956
5. SEX Male
6. COLOR OR RACE White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH March 15-1877
9. AGE (In years last birthday) 79 — 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) Retired farmer
10b. KIND OF BUSINESS OR INDUSTRY Grain
11. BIRTHPLACE (City and state or country) Holton Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME Berry Witt
14. MOTHER'S MAIDEN NAME Rebecca Bruton
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT Audon Witt Address Platte City Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Concussion, Severe (fall) — INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertensive arteriosclerotic — 5 years
DUE TO (c) Cerebral hemorrhage disease to decompensation
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Coronary Sclerosis
19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT X SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Fell from window
20c. TIME OF INJURY Hour a. m. 3 00 Month, Day, Year July 28 1956
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK X
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home
20f. CITY, TOWN, OR LOCATION Platte City — COUNTY Platte — STATE Mo

21. I attended the deceased from 1948, to Aug 1, 1956 and last saw her/him alive on Aug 1 1956
Death occurred at 9:45 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) B Graham Parker MD
22b. ADDRESS Smithville, Mo
22c. DATE SIGNED 8/6/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Aug 6-1956
23c. NAME OF CEMETERY OR CREMATORY Platte City
23d. LOCATION (City, town, or county) Platte City (State) Mo

24. FUNERAL DIRECTOR Leland G Francis — ADDRESS Parkville
25. DATE RECD. BY LOCAL REG. 8-6-56
26. REGISTRAR'S SIGNATURE Marguerite Hudgens

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300 1-56

491

NOV 14 1958

VS AUG 20 1959

RECEIVED
AUG 13 1956
CLAY CO.,
HEALTH CENTER

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 Leland H. Frances

Licensed Embalmer No. 345

P. O. Address Parkville

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.