

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22727
5543

FILED JAN 22 1957

STATE FILE NUMBER 5543
Registrar's No.

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Blue Kansas city		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Jackson Co.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph			Length of stay in lb 9 days		d. STREET ADDRESS (If outside, give location) 9523 E. 39th		
3. NAME OF DECEASED (Type or print) First EDWIN Middle HENRY Last WITTHAR				4. DATE OF DEATH Dec. 18, 1956 Month Day Year			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 30, 1884	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Dairy man			100. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Jackson Co. Mo.		
13. FATHER'S NAME Fredrick W. Witthar				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				17. INFORMANT Mrs. Mary Belle Witthar Address 9523 E. 39th		14. MOTHER'S MAIDEN NAME Caroline Borgman	
16. SOCIAL SECURITY NO. 495-38-3847				17. INFORMANT Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute Pulmonary Infection DUE TO (b) Pulmonary Embolism DUE TO (c) Benign prostatic hypertrophy & suprapubic prostatic PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						INTERVAL BETWEEN ONSET AND DEATH 1 month 4 days	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Oct 16, 1956 to Dec 18, 1956 and last saw her alive on Dec 18, 1956 Death occurred at 8:20 P m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE David J. Elias M.D. (Name or title)				22b. ADDRESS 9109 E new 4th		22c. DATE SIGNED Dec 20, 1956	
23a. BURIAL CREMATION (REMOVAL Specify) Burial		23b. NAME OF CEMETERY OR CREMATORY Brooking		23c. LOCATION (City, town, or county) Raytown, Mo.		23d. (State)	
24. FUNERAL DIRECTOR Ott & Mitchell		ADDRESS 310 N. Main, Indep.		25. DATE RECD. BY LOCAL REG. 12-21-56		26. REGISTRAR'S SIGNATURE new Minshall	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in their reports. No symptoms or signs of disease 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
David J. Elias

~~Ch 2-89-02~~

11-17-77

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 *Jason I White*.....
Licensed Embalmer No. *449*.....

P. O. Address *Indep*.....

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.