

No. 300  
10. 48

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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

'57 018001  
State File No.

FILED MAY 23 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 231 PRIMARY REG. DIST. NO. 4346 Registrar's No. 25

|   |  |  |   |
|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Montgomery</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Montgomery</b> |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Montgomery City</b> |  | c. CITY OR TOWN <b>Montgomery City</b>   | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place)   |  | • STREET ADDRESS (If rural, give location)   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION   |  |  |   |

|                                     |                         |                          |                       |  |
|-------------------------------------|-------------------------|--------------------------|-----------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <b>James</b> | b. (Middle) <b>Reice</b> | c. (Last) <b>Witt</b> | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>May 10, 1957</b> |
|-------------------------------------|-------------------------|--------------------------|-----------------------|--|

|                    |                               |   |                                       |   |   |  |
|--------------------|-------------------------------|---|---------------------------------------|---|---|--|
| 5. SEX <b>Male</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b> | 8. DATE OF BIRTH <b>Dec. 10, 1871</b> | 9. AGE (In years last birthday) <b>85</b> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 6 HRS. Hours _____ Mtn. _____ |
|--------------------|-------------------------------|---|---------------------------------------|---|---|--|

|  |   |  |   |
|--|---|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b> | 11. BIRTHPLACE (City and State or Foreign Country) <b>Hawk Point, Missouri</b> | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b> |
|--|---|--|---|

|  |   |  |
|--|---|--|
| 13a. FATHER'S NAME <b>James Coleman Witt</b> | 13b. MOTHER'S MAIDEN NAME <b>Jane Eames</b> | 14. NAME OF HUSBAND OR WIFE <b>Tula Estelle Witt</b> |
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|  |  |   |
|--|--|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b> | 16. SOCIAL SECURITY NO. <b>496-40-9354 A</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Tula E. Witt</b> ADDRESS <b>Montgomery City, Missouri</b> |
|--|--|---|

|   |  |  |   |          |
|---|--|--|---|----------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CORONARY THROMBOSIS</b>  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 days</b> |          |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>CHRONIC MYOCARDITIS</b> |  |   | <b>P</b> |
|   | DUE TO (c) <b>ARTERIO-SCLEROSIS</b>  |  |   | <b>P</b> |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  |   |          |

|                                    |  |  |
|------------------------------------|--|--|
| 19a. DATE OF OPERATION <b>None</b> | 19b. MAJOR FINDINGS OF OPERATION <b>None</b> | 20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|------------------------------------|--|--|

|  |  |   |
|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b> | 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) (Min.) | 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 **May 7, 1957**, to **May 10, 1957**, that I last saw the deceased alive on **May 8, 1957**, and that death occurred at **5:30 a.m.**, from the causes and on the date stated above.

|  |                                      |                                 |
|--|--------------------------------------|---------------------------------|
| 23a. SIGNATURE <b>James O. Helm MD</b> (Degree or title) | 23b. ADDRESS <b>New Florence Mo.</b> | 23c. DATE SIGNED <b>5-11-57</b> |
|--|--------------------------------------|---------------------------------|

|   |                               |  |  |
|---|-------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>May 12, 1957</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Prices Branch Cemetery</b> | 24d. LOCATION (City, town, or county) (State) <b>Prices Branch, Missouri</b> |
|---|-------------------------------|--|--|

|  |  |  |
|--|--|--|
| DATE REC'D BY LOCAL REG. <b>May 13, 1957</b> | REGISTRAR'S SIGNATURE <b>Laura S. Callaway</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Abraham Funeral Home</b> ADDRESS <b>Montgomery City, Mo.</b> |
|--|--|--|

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

(Licensed Embalmers' Statement on Reverse Side)

JUN 5 1987

**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 *E. Boone Schlanke*

Licensed Embalmer No. *413*

P. O. Address *Montgomery*

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.