

FILED JUL 8 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

'57 021457  
State File No.

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2824</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>VERNON</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>KAN. CITY</u>		c. LENGTH OF STAY (in this place township) <u>25 days</u>		c. CITY OR TOWN <u>NEVADA</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RESEARCH HOSP.</u>				e. STREET ADDRESS (If rural, give location) <u>1082 920-W-SYCAMORE-ST</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u>		b. (Middle) <u>C</u>		c. (Last) <u>WITTER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 16 1957</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>9-1906</u> <u>August 30, 1905</u>		9. AGE (In years last birthday) <u>50</u> IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SERVICE STATION ATTENDANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>STANDARD OIL CO.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Crawford Co. Kans.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>Elmer Witter</u>			13b. MOTHER'S MAIDEN NAME <u>Nettie Belle Reed</u>		14. NAME OF HUSBAND OR WIFE <u>Ava Witter</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>491-05-8195</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ava Witter, Nevada, Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>This does not mean mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Extensive Peritonitis</u> ANTECEDENT CAUSES (b) <u>Leakage from duodenal St.</u> DUE TO (c) <u>Gastric Resection.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u> <u>5 weeks</u> <u>May 24, 57</u> <u>5410</u>	
19. DATE OF OPERATION <u>5-24-57</u> <u>6-7-57</u>		19b. MAJOR FINDINGS OF OPERATION <u>Chronic duodenal ulcer &amp; tub phrenic Abscess</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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>5-22</u> , 19 <u>57</u> , to <u>6-16</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>6-16</u> , 19 <u>57</u> and that death occurred at <u>1:30 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Walter Cummings M.D.</u>				23b. ADDRESS <u>1612 Prof Bldg</u>		23c. DATE SIGNED <u>6-16-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>JUNE-16-1957</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>NEVADA MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>6-16-57</u>		REGISTRAR'S SIGNATURE <u>Neval Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. NEWCOMER &amp; SONS</u>		ADDRESS <u>K. C. MO.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Walter Cummings M. D. Same day call

1957 OCT 22 100

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 *Adrian Jay Stitt*

Licensed Embalmer No. 488

P. O. Address K.C., Mo.

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.